

County Borough of Bournemouth

Annual Report

OF THE

MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

for the Year 1935.

HEALTH DEPARTMENT,

TOWN HALL,

BOURNEMOUTH.

May, 1936

BOURNEMOUTH :

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TO THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH
OF BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health of Bournemouth in the year 1935.

Except for a wet and somewhat gloomy Autumn there have been no adverse conditions to record.

As regards administration of the Health Services, attempts have been made to effect progress, but certain difficulties have been encountered.

After much deliberation it has been decided that the appropriation of Fairmile House as a Public Health Hospital is undesirable, although it is admitted that a Municipal Hospital to serve as an auxiliary to the Voluntary Hospitals in Bournemouth is needed.

Renewed efforts have been made to establish an up-to-date and adequate institution for the reception of patients suffering from Tuberculosis, but the problem

so far has not been solved. In Bournemouth no suitable site can be found and elsewhere several factors have caused delay and obstruction.

In other directions good results have been obtained. The infantile mortality rate is the lowest ever recorded in Bournemouth and the maternal mortality rate has again fallen to a low level. Such achievements are very gratifying and justify the sympathetic attitude of the Council towards Maternity and Child Welfare. In this connection I must refer to the loss sustained in the death of Councillor Dr. Lee. As Vice-Chairman of the Health and Maternity and Child Welfare Committees, he displayed much energy and enthusiasm and often initiated useful recommendations. His efforts will be greatly missed.

Once more I wish to thank all members of the Council, my colleagues and many others, who have continued to co-operate and give practical support.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. GORDON SMITH.

COMPOSITION OF COMMITTEES AND STAFF

ON 31ST DECEMBER, 1935.

HEALTH COMMITTEE.

The Mayor (Alderman H. G. Harris, J.P.)

Councillor W. Asten, M.D. (Chairman).

Councillor J. H. Turner (Vice-Chairman).

Alderman P. M. Bright, J.P.	Councillor R. A. Lyster, M.D., D.P.H.
„ J. J. Empson, J.P.	„ A. J. Playdon.
„ W. Jones.	„ R. J. Raggett.
„ F. B. Summerbee.	J. Richards.
Councillor Mrs. F. E. Boyce.	„ Mrs. A. Tiller.
„ Mrs. E. L. A. Hockey.	„ W. Wilkinson.

GENERAL SUB-COMMITTEE FOR HOSPITAL AND GENERAL PURPOSES.

The Chairman.

The Vice-Chairman.

Aldermen Empson and Summerbee, Councillors Lyster, Playdon & Wilkinson

MATERNITY AND CHILD WELFARE ACT, 1918, COMMITTEE.

Chairman - Councillor W. Asten, M.D.

Alderman Empson ; Councillors Mrs. F. E. Boyce, Mrs. E. L. A. Hockey, Lyster, Playdon, Mrs. A. Tiller, Turner, Miss M. M. Whitehead, Wilkinson ; also Mrs. E. Bizby and Mrs. E. Wilkinson.

PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health and School Medical Officer	...	H. Gordon Smith, M.D. (State Medicine), B.S. (London), M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health Assistant School Medical Officer and Clinical Tuberculosis Officer.		C. F. Pedley, B.A., (Camb.), M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health (Maternity and Child Welfare)		Grace H. Wood, M.B., Ch.B., B.Sc., D.P.H.
Assistant Medical Officer of Health, Assistant School Medical Officer and Resident Medical Officer of the Isolation Hospital	...	K. J. Grant, M.A., M.B., Ch.B., D.P.H.
Senior Sanitary Inspector	...	A. J. Phillips, M.S.I.A.
District Sanitary Inspectors	...	J. G. Clements, D. J. Mortimore, W. Vincent Morris, C. T. Newlyn, S. Powell, J. Randall, E. Smith (all certified Royal Sanitary Institute).
Food Inspectors and Certified Meat Inspectors	... ..	M. Guthrie, O. Stewart.
Cleansing Inspector	... ..	G. H. Woodlands.

Matron, Municipal Hospital	...	L. H. Lane
Clerk Municipal Hospital	...	D. L. Young.
Health Visitors	...	M. I. J. Abraham, A. Beech, P. M. Carey, M. G. Cornish, A. M. Crisp, S. Dakin, M. Harwin, F. D. McDonald, F. E. A. Richardson. All certified Midwives. Also School Nurses.
School Nurse	...	A. M. Blakemore.
Chief Clerk and Vaccination Officer	...	A. W. Hurley.
Clerks	...	R. A. Billen, K. F. Clarke, J. W. Dean, R. S. Jerrett, M. W. Langford, J. W. Peake, J. W. Roberts, R. A. Williams, G. O. Willis
Superintendent of Public Conveniences and Mortuary	...	T. H. Bailey.
Disinfectors and Drain Testers	...	F. J. Baker, F. Chick, W. C. Feltham, R. E. Gerault, A. Lockyer, W. J. Roe.
Corporation Rat Catchers	...	J. Burridge, F. J. Smith.

PART-TIME OFFICERS.

Public Analyst	...	R. Pendrill Charles, M.D., F.I.C., F.C.S.
Public Vaccinator	...	A. G. S. Mahomed, M.R.C.S., Eng., L.S.A.
Bacteriologist	...	A. C. Ingram, M.D., M.R.C.P., D.P.H.
Veterinary Surgeon	...	J. Stewart Wood, M.R.C.V.S.
Meteorologist	...	C. Dales, F.R. Met. Soc.
Borough Dentist	...	E. Samson, L.D.S., R.C.S., Eng.
Consultant Obstetrician	...	W. S. Richardson, M.D., F.R.C.S.
Deputy Consultant Obstetrician	...	C. Heygate Vernon, M.A., M.B., F.R.C.S.
Medical Officer of V.D. Treatment Centre	...	R. V. Facey, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P.
Assistant Medical Officer of V.D. Treatment Centre	...	J. L. Reeve, M.R.C.S., L.R.C.P.
Veterinary Officer under Milk and Dairies Order	...	G. K. Fenn-Smith, M.R.C.V.S.

GENERAL STATISTICS.

Area of the County Borough	...	11,627 acres.
Population : Census 1931	...	116,797.
Estimated 1935	...	126,500.
Estimated at mid-year 1935 by Registrar-General	...	118,200.
Number of inhabited houses	...	30,930.
Rateable Value, 1935	...	£1,759,345.
Sum represented by a penny rate	...	£6,993

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.	
Live Births	Legitimate	1220	617	603	Birth-rate 10.33 (R.G. 11.05)
	Illegitimate	87	47	40	

Still Births 56. Rate per 1,000 total births 41.08

Deaths, 1,570. Death-rate—Crude, 13.28
Adjusted, 9.96

Percentage of total deaths occurring in Public Institutions, 33.2.

Deaths of infants under one year of age per 1,000 live births :—
39.78 (Legitimate, 40.98. Illegitimate, 22.98).

Number of women dying in, or in consequence of, childbirth :—
From sepsis, 0. Other causes, 4. Rate per 1,000 total births, 2.93

Deaths from Measles (all ages), 0 ; Whooping Cough, 1 ; Diarrhoea (under 2 years of age) 4.

SOCIAL CONDITIONS.

Bournemouth is almost entirely a residential town and health resort as there are no large factories within the boundaries. But for several years much activity has been displayed by the building and allied trades. In addition to the erection of houses and many other buildings there have been important engineering schemes, *e.g.*, the extension of the marine wall and drive and the provision of new sewers. In consequence there have been attracted to the town workers from other districts. Unemployment in Bournemouth cannot be regarded as a great problem ; its extent can be estimated from the following figures obtained from the Employment Exchange :—

LIVE REGISTER FIGURES.

		1934				
		Men	Women	Boys	Girls	Total
March	...	1835	391	36	20	2282
June	...	1278	264	15	14	1571
September	...	1491	258	33	22	1804
December	...	2283	354	16	18	2671
		1935				
March	...	1839	484	29	40	2392
June	...	1261	258	14	22	1555
September	...	1299	265	38	27	1629
December	...	1854	387	23	14	2278

As a result of general observations it does not appear that unemployment has markedly affected the health or physique of adults or children. It is to be noted, however, that various organisations are giving help, especially to children, in a practical manner.

The population of the County-Borough in intercensal periods is, as in other health resorts, a matter of opinion. In twelve months 965 inhabited houses have been added to the number, which should account for an increase in the population of nearly 4000, but the Registrar General estimates 1550 only. In the months of July, August and September it is calculated that there is an average increase in the population of 40,000. In addition there are many thousands of persons who pass through, or stay, perhaps, for a few hours. It is apparent, therefore, that Bournemouth during the holiday season is a very busy town. It continues to appeal as a place of residence to elderly people and to those who have retired.

It will be noted that more than one third of the individuals who died during the year had reached the age of 75.

Causes of Death.	All Ages	0—1—	2—5—	15—25—	35—45—	55—65—	75—
All Causes ...	1570	52 10	11 14	26 46	62 137	227 432	553
1—Typhoid and paratyphoid fevers ...	...	...	...	...	...	...	...
2—Measles ...	...	...	...	...	...	...	...
3—Scarlet fever ...	1	...	1	...	...	...	...
4—Whooping cough ...	1	1	...	...	...	...	...
5—Diphtheria ...	4	...	2 2	...	...	...	...
6—Influenza ...	18	...	1	...	2 1	2 4	3 5
7—Encephalitis lethargica ...	4	...	...	...	...	1 1	1 1
8—Cerebro-spinal fever ...	...	...	...	...	...	...	...
9—Tuberculosis of respiratory system ...	62	...	...	3 19	15 14	7 4	...
10—Other tuberculous diseases ...	16	...	3 1	3 3	...	2 2	...
11—Syphilis ...	3	...	...	2	...	...	1
12—General paralysis of the insane, tabes dorsalis ...	4	...	...	...	1	...	1 1
13—Cancer, malignant disease ...	255	...	1	1 1	7 20	54 85	86
14—Diabetes ...	31	...	...	1	...	7 5	11 7
15—Cerebral haemorrhage, etc. ...	104	...	...	...	1	...	4 14
16—Heart disease ...	414	...	...	1 2	5 6	24 51	122 203
17—Aneurysm ...	5	...	...	...	...	1	...
18—Other circulatory diseases ...	96	...	...	...	...	1 3	6 34
19—Bronchitis ...	30	...	...	...	...	3 2	2 7
20—Pneumonia (all forms) ...	69	7 6	1	...	1 1	3 7	13 19
21—Other respiratory diseases ...	25	...	...	...	2 2	3 2	8 8
22—Peptic ulcer ...	13	...	...	...	1 2	2 3	2 3
23—Diarrhoea, etc. ...	12	4	...	...	2 2	...	...
24—Appendicitis ...	7	...	1 1	...	1 1	...	1 2
25—Cirrhosis of liver ...	4	...	...	...	...	1	2 1
26—Other diseases of liver, etc. ...	10	...	...	...	...	1	2 4
27—Other digestive diseases ...	47	...	1 2	2 3	...	3 9	6 12
28—Acute and chronic nephritis ...	65	...	...	...	2	...	2 9
29—Puerperal sepsis ...	...	...	...	...	...	...	...
30—Other puerperal causes ...	4	...	...	...	4	...	...
31—Congenital debility, premature birth, malformations, etc. ...	34	33	...	...	...	...	...
32—Senility ...	27	...	...	...	...	...	3 24
33—Suicide ...	20	...	...	...	2 1	4 3	6 3
34—Other violence ...	32	...	...	1	...	2	...
35—Other defined diseases ...	149	7	...	1 4	4 6	5 16	29 47
36—Causes ill-defined, or unknown ...	4	...	...	...	...	...	...

VITAL STATISTICS DURING 1934 AND PREVIOUS YEARS.

Year	Popula- tion esti- mated to middle of each Year	Births			Total deaths registered in the District		Transfer- able Deaths		Net deaths belonging to the District			
		Uncorrected Number	Net						Under 1 year of age		At all Ages	
			No.	Rate	No.	Rate	No	Rate per 1000 Net Births	No.	Rate		
1	2	3	4	5	6	7	8	9	10	11	12	13
1917	{ 178395 + 70327 + 83227	967	979	12.49	1175	16.70	251	132	82	83.72	1056	15.01
1918	{ 74279 + 86073 + 82627	1093	1031	12.38	1140	15.34	219	144	59	57.2	1065	14.33
1919	{ 86288 + 85919	1040	1022	11.87	1209	14.63	207	127	89	87.08	1129	13.66
1920	{ 91770 + 81200 + 93770	1449	1410	16.34	1022	11.89	177	109	64	45.39	954	11.10
1921	{ 81500 + 95600 + 82200	1280	1251	{ 13.95 15.40 12.04	1133	{ 12.34 13.95 12.59	179	130	94	75.13	1084	{ 11.81 13.34 12.17
1922	{ 81500 + 95600 + 82200	1168	1129	{ 13.85 11.19 13.01	1181	{ 14.49 12.46 14.50	174	135	64	56.68	1142	{ 14.01 11.71 13.62
1923	{ 97000 + 84450 + 98000	1162	1112	{ 11.46 13.16 11.79	1225	{ 12.62 14.50 12.46	187	132	50	44.96	1170	{ 12.06 13.85 12.07
1924	{ 85840 + 100000 + 90100	1189	1156	{ 13.46 11.10 12.31	1222	{ 11.23 12.91 14.32	173	128	61	52.76	1183	{ 13.78 12.20 13.54
1925	{ 102500 + 92650 + 105000	1163	1110	{ 10.49 11.61 10.55	1291	{ 13.05 14.44 13.30	206	135	64	57.65	1220	{ 12.15 13.44 12.49
1926	{ 105000 + 96580 + 108000	1222	1108	{ 11.47 9.54 10.58	1397	{ 14.46 14.28 15.84	258	163	61	55.05	1312	{ 13.58 13.63 15.12
1927	{ 97360 + 111000 —	1147	1031	{ 10.58 9.74 —	1543	{ 15.84 12.12 —	261	192	48	46.55	1473	{ 15.12 11.26 —
1928	{ 114060 + 106380 + 120000	1231	1082	{ 10.36 11.11 10.65	1346	{ 10.20 _s 10.93 _s 10.69 _s	240	149	50	46.21	1257	{ 9.81 _s 10.51 _s 10.54 _s
*1931	{ 113200 + 123000 + 115200	1433	1279	{ 11.29 10.44 11.14	1712	{ 11.34 _s 10.03 _s 10.71 _s	246	221	70	54.73	1687	{ 11.17 _s 9.86 _s 10.53 _s
1932	{ 125000 + 116650 + 126500	1428	1284	{ 11.14 9.96 10.67	1646	{ 10.71 _s 9.66 _s 10.36 _s	227	199	69	53.73	1618	{ 9.86 _s 10.53 _s 9.36 _s
1933	{ 118200	1479	1245	{ 10.67 10.33 11.05	1611	{ 10.36 _s 9.60 _s 10.27 _s	248	198	66	53.01	1561	{ 10.03 _s 9.30 _s 9.96 _s
1934	{ 126500 + 118200	1497	1307	{ 10.33 11.05	1620	{ 9.60 _s 10.27 _s	235	186	52	39.78	1570	{ 9.30 _s 9.96 _s
1935	{ 118200											

† Estimated on new civil population figures supplied by Registrar-General.

* Special estimates by reason of extension of the Borough.

s Rates as adjusted by new comparability factor supplied by Registrar-General.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(a) *Laboratory Facilities.*

In December the Public Analyst intimated that he had been granted a licence by the Home Office for the purpose of animal inoculation, enabling him (*inter alia*) to examine samples of milk for the presence of the Tubercle Bacillus. He added that he would be pleased to undertake this work for the Council if so desired. Arrangements were subsequently made with the Analyst.

Earlier in the year the Ministry authorised the latter to carry out the requisite examinations of certified milk samples which had previously been sent to the National Institute for Research in Dairying at Shinfield. Otherwise there have been no changes in the laboratory arrangements.

(b) *Ambulance Facilities.*

The Corporation maintains at the Central Fire Station two ambulances which are available for street accidents only. There is another at the Fever Hospital which is used for infectious and tubercular patients. Occasionally arrangements have been made to use one of the ambulances at the Fire Station for the removal of a person suffering from Tuberculosis. As regards accidents there is an understanding with neighbouring authorities that there will be co-operation in case of emergency.

The St. John Ambulance Brigade has an efficient service for ordinary cases of illness. The following statement presented by the Chief Officer of the Fire Brigade has a bearing on the prevention of street accidents—

*Analysis of Street Accident Cases, 1st April,
1934 to 31st March, 1935.*

Private Cars	...	...	...	122
Commercial Vans	...	...	...	8
Commercial Lorries	...	...	...	12
Motor Cycles	...	...	...	48
Bicycles	...	...	...	100
Chars-a-banc	...	...	...	2
Tram Car	...	...	...	1
Omnibuses	...	...	...	7
Taxi-cab	...	...	...	1
Horse-drawn Vehicle	...	...	...	1
				<hr/>
Total Vehicles	...	...	...	302
Pedestrians involved in accidents	...	...	...	66
Other calls to pedestrians (collapse, fits, etc.)	...	...	...	50
				<hr/>
Total number of cases	...	...	...	418
				<hr/>

(c) Nursing in the Home.

The Bournemouth and District Nursing Association provides nursing in the home for conditions other than those that are infectious.

(d) Clinics and Treatment Centres.

In the Kinson area a new Infant Welfare Centre has been opened at "Pelhams." This provides facilities for a growing district which includes a municipal housing estate. There is a session every week.

In the central portion of the town is situated "Avebury," which has been used mainly for dental and ante-natal clinics. A session is now held every fortnight as an Infant Welfare Centre which will be reasonably accessible to the inhabitants of the West Cliff, hitherto unprovided for.

WORK OF THE BACTERIOLOGIST

There were no special investigations carried out during the year, but details are submitted shewing the routine work that has been undertaken.

Bacteriological examinations made :—

In connection with the Municipal Hospital.

Swabs for Diphtheria	...	...	...	...	794
Widal reactions	...	...	...	...	5
Faeces cultures—? Typhoid	...	...	...	...	3
Cerebro-spinal fluid culture	...	...	...	...	1
Sputum—? Tuberculosis	...	...	...	...	1
Blood count	...	...	...	...	1
Blood culture	...	...	...	...	1
Fluid from glands culture	...	...	...	...	1

In connection with the Health Department.

Swabs for Diphtheria—

For the Medical Officer of Health	...	...	...	165
For Fairmile House, Christchurch	...	...	...	1
For Private Practitioners	...	...	...	344

Sputum for Tuberculosis—

For the Municipal Dispensary	...	...	...	124
For Private Practitioners	...	...	...	142

Various Examinations—

Eye swab—re Gonococci	...	...	...	1
Widal reaction	...	...	...	1
Urine—re Tuberculosis	...	...	...	3
Hairs for ringworm	...	...	...	4
Bacteriological examination of milk from Mr. Fenn Smith	...	...	...	1
Water from Stokewood Road Baths	...	...	...	2
Bacteriological examination of graded milks	...	...	...	6
Milk Samples for Tuberculosis	...	...	...	52
Milk samples for general examination	...	...	...	52
Ice cream samples	...	...	...	18

In connection with the Borough Engineer's Department.

Chemical and bacteriological examination of sewage effluent	...	...	...	13
Chemical examination of water from sewer	...	...	...	1

HOSPITALS.

The Royal Victoria and West Hants Hospital continues to provide modern forms of treatment on a considerable scale, but there is little doubt that an extension of certain medical services will be needed shortly. Much attention has been directed to Fairmile House, which although situated in Christchurch is controlled by the Public Assistance Committee of the Council. The Public Health Committee in its desire to carry out the requirements of the Local Government

Act, 1929, has repeatedly urged that the hospital portion of the Institution should be appropriated and maintained as a Public Health Hospital. There has been steady opposition to this proposal, and the Council has experienced difficulty in making a decision. Prolonged and frequent discussions, together with special reports, did not achieve their purpose, so an appeal was made to the Ministry. The latter sent two of its inspectors, Dr. Donaldson and Mr. Norman, who attended a joint meeting of the Public Assistance and Health Committees which was held on October 30th. In spite of the advice and help given by the Ministry's representatives the results of the meeting were inconclusive, and when the Council, on December 3rd, considered the Minutes of the Joint Committee it was resolved that these should be referred to the Health Committee for consideration and report. A sub-committee prepared a further statement which was presented to the Council on February 4th, 1936. The matter was finally disposed of on that date when the Council decided that Fairmile House should not be appropriated, and requested the Health Committee to prepare, as soon as possible for the information of the Council, a scheme for the erection within the County Borough of a Municipal Hospital. Reports which have been discussed are appended.

The following report (dated 12th July) of the Chairman and the Medical Officer was presented:—

REPORT ON THE APPROPRIATION OF THE FAIRMILE HOSPITAL.

as requested by the Health Sub-Committee.

It has become increasingly evident in the administration of the rapidly growing services in connection with Public Health that the proposals of the Local Government Act of 1929 in relation to unification were fully justified. It is clear that no longer can satisfactory and efficient provision be conducted by a system which permits of a multiplicity of hospitals

under the same local authority, and the need for the fuller control by the Health Department of all the Medical Services becomes more and more convincing. The various services which have accumulated and been developed under separate schemes indicate how great is the scope for better co-ordination of such services.

In the interests of efficiency as well as economy, it would seem necessary that no differentiation should exist between so-called rate-aided patients and other members of the community.

For example, the cumbersome machinery in relation to Maternity, whereby certain patients under the Public Assistance Committee are supervised during pregnancy at Fairmile Hospital, then transferred to Boscombe Hospital for confinement, where they are maintained at the expense of the Maternity Committee. Again, the domiciliary medical services to rate-aided patients are still administered by the Public Assistance Committee which according to the spirit of the 1929 Act should be a part of the Health Services.

Having regard to the increasing growth of the Borough, with its consequent enlarged demands for hospital services, it is desirable that further accommodation should be provided for those sub-acute and chronic cases the provision for which the Consultative Committee of the Voluntary Hospitals declared would make available a number of their beds for more suitable cases.

It should be observed that the institution of a Public Health Hospital would in every way act as an auxiliary to the Voluntary Hospitals, and with the fullest co-operation.

The repeated observations of the Ministry in correspondence, and during recent interviews at Whitehall demand that this subject shall receive the early attention of *the Council* in order that its future policy shall be declared.

It would appear that the time has fully arrived when the position should be explored upon its merits

and entirely without prejudice, with a view to ascertaining :—

(a) The adequacy of the Health and Medical Services in the County Borough ;

(b) Whether the intentions of the Local Government Act, 1929, are being fulfilled in the direction of the unification of such services ;

(c) The success or otherwise of this policy in County Boroughs where appropriation has taken place.

It will be remembered that the “ *Survey* ” by the Ministry of Health of the *Public Health Services* of the Council which took place in 1932 was reported upon at some length in a document dated the 13th August, 1932, and in which it was stressed that “ the unification of the medical control of all the medical services of the Council is of primary importance.”

Reference was made to the desirability of appropriating Fairmile Hospital for Public Health purposes, the following paragraph emphasising the position as follows :—“ Generally, however, the Council should bear in mind the intention of the Local Government Act, that all assistance which can lawfully be provided under the Public Health Act, 1875, and the associated Acts shall, as soon as circumstances permit, be provided under those Acts and not as poor relief.”

A letter from the Ministry, dated 22nd November, 1932, referred again to the “ *Survey* ” ending with the words :—“ The Minister will therefore be glad to be informed of the result of the Council’s consideration of the suggestions made in his letter of the 13th August so far as they bear on this question of hospital provision.”

Another letter from the Ministry, dated 15th February, 1933, headed “ *Survey of Public Health Services*,” reads as follows :—“ I am directed by the Minister of Health to refer to his letter of the 13th August last, and to enquire whether he can now be informed of the result of the Council’s consideration

of the various matters referred to in that letter and the memorandum which accompanied it."

A further letter, dated 6th April, 1933, refers to "the Council's consideration of the future use and development of the Fairmile Institution in relation to the Council's need for institutional accommodation for all purposes."

Lastly, a letter of the 29th May last upon the subject of Isolation Hospitals and Tuberculosis Institutions ends as follows :—"Whatever conclusions are reached on these two problems, the appropriation of the hospital at Fairmile Institution would form a desirable step in the development of the Council's institutional accommodation and consideration of this question should not be indefinitely delayed."

(Signed) WALTER ASTEN,
Chairman of Health Committee.

(Signed) H. GORDON SMITH,
Medical Officer of Health.

MEMORANDUM WITH REFERENCE TO THE PROPOSAL THAT FAIRMILE HOUSE SHOULD BE APPROPRIATED AS A PUBLIC HEALTH HOSPITAL.

The Council has referred to a Joint Meeting of the Health and Public Assistance Committees, the proposal of the former Committee that the Council should consider "the appropriation of Fairmile House as a Public Health Hospital."

This Memorandum is prepared with a view to setting before the Joint Meeting facts relating to appropriation and also to remove wrong impressions which may have been created as to the Council's obligations under the Local Government Act, 1929, and as to the powers of the Ministry of Health in relation to the question of appropriation of Poor Law Institutions as Public Health hospitals.

In the first place it would be well to give a clear description of Fairmile House. 'Transferred Poor Law Institutions are divided by the Ministry of Health into two categories, *i.e.* :—

CLASS (1). HOSPITALS.

- (a) Hospitals solely for mental cases.
- (b) Other Hospitals.

CLASS (2). INSTITUTIONS.

- (a) Institutions solely for a specified class or classes.
- (b) General Institutions.

Fairmile House is in the latter category (2) (b), and has been so placed by the Ministry, therefore it is inaccurate and misleading to refer to Fairmile House as a hospital. In general terms the difference between a Hospital and a Poor Law Institution such as Fairmile House is that a Hospital provides treatment for the acute and curable sick, and the latter provides for able-bodied and other non-sick persons who for various reasons are relieved in an institution ; and also accommodation, care and attention for the aged, infirm and chronic sick. There is at this period of the year an average of 410 persons at Fairmile House, excluding casuals. Of this number approximately 155 are able-bodied or other non-sick cases, and the remaining 255 are composed of aged, infirm, chronic sick and infants. None of the latter can be described as cases usually treated in a hospital, and all are cases for which the Council has to make provision in a Poor Law Institution.

The above figures increase during the winter period, when accommodation for certain classes becomes severely taxed, and the margin of vacant beds is hardly sufficient to enable the Council to discharge its statutory obligations as a Poor Law Authority.

There is in the minds of certain members that by failing to appropriate Fairmile House as a Hospital, the Council is defying the Ministry of Health and the

provisions of the Local Government Act, 1929 ; that it is failing to do what most other Councils have already done and further, that if appropriation does not take place in the near future the Ministry may compel the Council to do so, or may bring pressure to bear by withholding or reducing Government grants, which the Council at present receive.

We desire to stress that these suggestions would appear to be entirely at variance with the facts. The Local Government Act places on the Council in the first instance *the obligation* to carry out the statutory duties under the Poor Law formerly vested in Boards of Guardians, including the proper care and maintenance of all persons requiring relief in a Poor Law Institution, and the relief of all *sick* poor in so far as institutional accommodation is required. Moreover, the Minister has given instructions that appropriation of a Poor Law Institution for other purposes may only be considered where the *institution can be spared* from the Poor Law use for which it was originally provided.

Further, appropriation is *permissive* and not compulsory and the Minister possesses no powers to compel appropriation. In fact, the Act and the Memoranda issued by the Department make it clear that before the Minister will sanction appropriation he must be satisfied :—

- (a) That the Institution is no longer required as a Poor Law Institution ;
- (b) That there is a demand for additional hospital accommodation in the area ;
- (c) That the building is suitable for use as a hospital.

It would perhaps be as well to quote the following extracts from printed memoranda, etc., issued by the Ministry in connection with this subject :—

Para 23, L.G. A.1. Where a transferred institution *can be spared* from the Poor Law use for which it was provided it *may* be appropriated for other purposes.

Para ii, L.G. A.3. Where for example hospital provision cannot be made for all the sick poor in the Borough it *may* be practicable to appropriate a Poor Law Infirmary for use as a hospital under the Public Health Act, 1875, still keeping in operation the Poor Law powers of relieving the sick poor is so far as other accommodation for them is required.

L.G. A.26. When a *Council* comes to a conclusion that *it will be necessary* to appropriate a Poor Law Institution either as a hospital under the Public Health Acts, or for any other purpose of the special Acts it is suggested that the proposal should be brought to the notice of the General Inspector of the district at the earliest possible date. It will be appreciated that the Ministry will *have to consider* whether the continued use of the institution for its present purpose *is not still required* to enable the Council to discharge their functions under the Poor Law Acts.

Ministry General Circular 1000 on the Local Government Act.

Mr. Chamberlain (then Minister of Health) has thought it reasonable to suggest that a direction to local authorities to use their authoritative powers of giving assistance in one manner only would be out of harmony with the basic principle of the Act that the *responsibility of the authority* for the conduct of local affairs should be respected and enlarged. That such direction, if given, must in some areas be disregarded because the *accommodation* in institutions at the disposal of the authorities, even after the transfer to them of Poor Law work, *will not suffice* to enable them to provide assistance which takes the form of institutional treatment except by way of Poor Law relief.

Extract from Ministry's reply to Worcester County Borough Council.

The Ministry pointed out that the Council's proposal to deal with institutional services otherwise than

under the Poor Law presupposed the existence of sufficient institutional accommodation to enable the Council to satisfy this obligation.

The above instructions make it clear that the question is one for the *Council* to decide and that the Ministry could not sanction the appropriation of Fairmile House for any purpose other than that for which it is at present used, unless the Council first provided elsewhere suitable accommodation for the present inmates of Fairmile House, together with sufficient spare accommodation to enable the Council to continue to carry out its statutory obligations under the Poor Law.

With a view to refuting any suggestion that in failing to appropriate Fairmile House, Bournemouth has fallen behind other Councils in the country, the following figures may be instructive.

The total number of Hospitals and General Institutions taken over from Boards of Guardians by County Boroughs and County Councils on 1st April, 1930, was as follows :—

- (a) Hospitals—85.
- (b) General Institutions—628.

The number appropriated and administered as Public Health Hospitals on the 1st August, 1935, is as follows :—

- (a) Hospitals—52.
- (b) General Institutions—22.

The above figures show that 33 Hospitals are still not administered under the Public Health Acts. Doubtless, the authorities concerned have good reasons for not changing the administration of these Hospitals, although one can see no administrative difficulty such as exists in respect of Fairmile House, in transferring them from Poor Law administration to Public Health administration. The figures relating to General Institutions such as Fairmile House make it perfectly clear that appropriation is moving very very slowly, viz :—

22 appropriations out of 628 institutions, or approximately 3 per cent.

We have in mind that in some areas in the country there must be a shortage of hospital accommodation, particularly in large County areas. From information available it would appear that in many of these areas no pressure is being brought to bear to transform Poor Law Institutions into much needed hospitals. It makes it more difficult to understand why the Ministry should be pressing appropriation in Bournemouth where there is *one Institution only* which is wholly required for Poor Law purposes and where there is such admirable hospital accommodation already provided through voluntary sources.

We desire to refrain as far as possible from entering into any controversy as to whether hospital accommodation, other than that provided by the Royal Victoria and West Hants Hospital, is necessary in this Borough. This is a matter which is outside the functions of the Public Assistance Committee, and would appear to be a matter for decision between the Health Authority and the governing body of the Voluntary Hospital.

At the same time we wish to draw attention to the fact that whilst it is *permissive* for a Council to appropriate a Poor Law Institution for use as a Hospital this cannot be done until a body representing the local voluntary hospital has been consulted, as provided by Section 13 of the 1929 Act. This Section is *obligatory* and therefore equally binding upon the Council and the Ministry. Its importance is stressed in paragraph 78 of the Ministry General Circular 1000, which states as follows :—

“ The provisions of Section 13 of the Act have been designed . . . to secure that by consultation by local authorities and the local bodies representing voluntary hospitals the provision and use of hospital accommodation in every area is not achieved to the accompaniment of any unnecessary and wasteful competition between public and voluntary hospitals.”

A Joint Committee met a representative body of the Voluntary Hospital in 1933. This meeting was held for the purpose of complying with Section 13 above referred to. The representatives of the Voluntary Hospital were asked what hospital services were required in the Borough, to which they replied as follows :—

“ The Royal Victoria & West Hants Hospital has ample accommodation for patients for the Borough and district which are of a type usually treated at general hospitals, and plans are being made shortly to increase the number of beds for the future needs of the area.”

In view of the foregoing sentiments expressed by the Ministry and of the definite opinion expressed by the Consultative Committee that the voluntary hospital is providing all the hospital accommodation required in the area, we find it difficult to appreciate why the Council should be asked to consider a proposition which, in this area, is not feasible for reasons set out in this memorandum, and in the view of those in the best position to judge, not necessary under circumstances which exist in this Borough.

We would desire to state that from information received, Bournemouth is the only place in the country where appropriation is being pressed in opposition to the expressed opinion of the Voluntary Hospital Authorities on the subject after consultation, as required by Section 13 of the Act.

In conclusion we would desire to stress that neither the late Board of Guardians nor the Public Assistance Committee has ever attempted to provide a Hospital service for the reason that the efficient and extensive services provided by the Royal Victoria & West Hants Hospital have made it unnecessary to consider such a proposition.

Further, the Public Assistance Committee has no desire or intention to provide such a service because we are of opinion that should it ever become necessary for the Council to provide a Hospital owing to the

inability of the Voluntary Hospital to meet the needs of the area, the same should be provided *within the Borough* under the powers the Council possess under the Public Health Acts and the same should be administered by the Health Committee.

W. HAYWARD

(Chairman of Public Assistance Committee).

A. E. KITCHER

(Vice-Chairman of Public Assistance Committee).

A. H. LITTLE

(MRS.) K. GRIMES

C. R. WINTER

(Members of Public Assistance Committee).

PERCY C. FORD

(Public Assistance Officer).

October, 1935.

HEALTH DEPARTMENT,

BOURNEMOUTH.

30th October, 1935.

LOCAL GOVERNMENT ACT, 1929.

This Act imposed upon the Council of every County and County Borough the duty of preparing a scheme to be approved by the Minister of Health of the administrative arrangements proposed to be made for discharging the functions transferred to the Council under Part I of the Act.

A scheme for Bournemouth was accordingly prepared and the Minister gave his approval.

Section 5 of the Act which contains important provisions relating to the administration of the Health Services in an area reads as follows :—

“ A Council in preparing an administrative scheme shall have regard to the desirability of securing that, as soon as circumstances permit, all assistance which can lawfully be provided otherwise than by way of poor relief shall be so provided, and accordingly any such scheme may

declare that any assistance which could, after the appointed day, be provided either by way of poor relief or by virtue of any of the following Acts as amended by any subsequent enactment including this Act (that is to say) :—

- (a) 'The Public Health Act, 1875 :
- (b) 'The Local Government Act, 1888 :
- (c) 'The Mental Deficiency Act, 1913 :
- (d) 'The Maternity and Child Welfare Act, 1918 :
- (e) 'The Blind Persons Act, 1920 :
- (f) 'The Public Health (Tuberculosis) Act, 1921 :
- (g) 'The Education Act, 1921 :

shall be provided exclusively by virtue of the appropriate Act and not by way of poor relief, but nothing in this sub-section or in any scheme shall diminish or otherwise affect the duty of a Council under section thirty-four of the Poor Law Act, 1927, to provide relief for the poor.

For the purposes of this sub-section, the expression " assistance " includes maintenance and treatment at hospitals and other places, the education of children, and any other services which could, after the appointed day, be provided either by way of poor relief or by virtue of any of the above-mentioned Acts."

Having regard to the importance of this section, it may seem remarkable that in the administrative scheme for Bournemouth the Health Services are dismissed in a few paragraphs which are here quoted :—

" DECLARATION THAT CERTAIN ASSISTANCE IS TO BE PROVIDED OTHERWISE THAN BY WAY OF POOR RELIEF.

II.—(1) It is hereby declared that all assistance to necessitous persons for which provision is made in the Services set out in this Clause shall be provided exclusively, except where

otherwise stated, by virtue of the Act or Acts under the heading in which the service is set out and not by way of Poor Relief.

PUBLIC HEALTH ACTS, 1875-1926, as extended by Section 14 (2) of the Local Government Act, 1929.

(2) The provision for the use of the inhabitants of the County Borough of hospitals for the reception of persons suffering from notifiable infectious disease (other than tuberculosis and chicken-pox).

MATERNITY AND CHILD WELFARE ACT, 1918.

(3) The provision in the home of the following :—

- (a) Nursing for expectant mothers and women suffering from puerperal fever, and for children suffering from measles, whooping cough, epidemic diarrhoea, poliomyelitis, ophthalmia neonatorum, or any other disease the nursing of which is included in arrangements made by the Council under the Act.
- (b) Milk or other food for expectant and nursing mothers and children medically certified to need additional nourishment.
- (c) In the foregoing paragraphs the term "children" means children who have not attained the age of five years and are not being educated in schools recognised by the Board of Education.

BLIND PERSONS ACT, 1920.

- (4) (a) The provision of domiciliary assistance to blind persons.
- (5) Nothing in this scheme shall diminish or otherwise affect the duty of the Council under Section 34 of the Poor Law Act, 1927, to provide relief for the poor, and if

any application for assistance is made to the Public Assistance Committee, or a Sub-Committee thereof, or to an Officer of the Public Assistance Committee, and the assistance required is assistance in respect of which a declaration is made under this Clause, the appropriate Committee of the Council shall forthwith be notified of the application, and pending the decision of that Committee the Public Assistance Committee or Sub-Committee, or Officer shall render any necessary assistance either in an institution or otherwise."

The brevity noted above is primarily due to the fact that in Bournemouth there are only two municipal hospitals, viz : the Fever Hospital in Gloucester Road and the Small-pox Hospital at West Howe. In consequence it has been necessary to make contracts with the governing bodies of Voluntary Institutions—which could not be included in the Scheme, *e.g.* :

The Royal Victoria & West Hants Hospital ;
The Royal National Sanatorium ;
The Firs Home ; and the
Victoria Cripples Home.

Although friendly and practical relations are maintained with these Institutions various difficulties are experienced from time to time which increasing demands accentuate. It is customary for the various Committees of the Council concerned with Health to consider an individual in terms of his disability, *e.g.* :

A patient suffering from Tuberculosis is dealt with by the Health Committee ;

A patient suffering from Venereal Disease is dealt with by the Health Committee ;

A mentally defective person or one who is mentally ill may be the responsibility of the Mental Health Committee or the Education Committee ;

And maternity cases receive assistance from the Maternity Committee.

Sometimes an individual needs treatment for two conditions, *e.g.*, Tuberculosis and Mental Deficiency, and may not be considered suitable for admission to a particular institution.

Occasionally a diagnosis cannot be made immediately and the patient requires to be placed under observation. Not infrequently immediate action is necessary and no bed is available, *e.g.* :

A Tubercular patient who is badly housed develops a severe haemorrhage.

For such cases as the above it is very desirable that there shall be beds at the immediate disposal of the Medical Officer of Health and under his control.

The increasing development of Public Health Services which has accrued in the last 25 years has made it almost inevitable that adequate hospital provision should be made available by Local Authorities and which, it is submitted, the Act of 1929 was clearly intended to satisfy.

In addition to the requirements of the Health Department it would appear that the needs of the inhabitants of the County Borough are not always satisfied by the Voluntary Hospitals. It will be recognised that these are rendering service not only to residents of Bournemouth but also to those in neighbouring areas. Some of the latter are developing steadily.

The appropriation of Fairmile House as a Council General Hospital would fulfil the spirit and intention of the Act in effecting a unification of all the Health and Medical Services of the Council, without any invidious distinction between so called Poor Law Medical Services and any other. Moreover it would tend to bring about the co-ordination of all Health Services, municipal and voluntary, as intended when the Act became Law 5 years ago, and as outlined in

the Report of the Ministry of Health on the " Survey of the Health Services " which was made in 1932.

* Herewith is a summary of the replies to a questionnaire circulated to other authorities which have appropriated certain institutions.

H. GORDON SMITH,
Medical Officer of Health.

HEALTH DEPARTMENT,
8th January, 1936.

REPORT OF THE HEALTH SUB-COMMITTEE.

The Minutes of the Joint Meeting of Health and Public Assistance Committees of October 30th, 1935, were referred to the Health Committee for consideration and report. (Council, 3rd December, Clause 13).

LOCAL GOVERNMENT ACT, 1929.

The Sub-Committee having carefully and fully examined the whole position relating to this reference is compelled to re-affirm the previous reports which appear in the July and December Minutes of Council. Those reports provide abundant evidence that the Ministry of Health intends that appropriation of Poor Law Hospitals *must* take place sooner or later. It is important therefore that the essential items which underlie the Act should be clearly grasped.

Public Health Hospital.

The need for a Public Health or Municipal Hospital which provides for beds at the disposal and control of the Medical Officer of Health appears to be generally accepted, but it is urged that the present administration of Fairmile Hospital should remain unchanged. Such a procedure would fail to effect the requirements of the Act which are clearly set out in Section V, the basal intention of which, is *to lift the medical services of the sick poor out of the Poor Law*, and place them within

* Not included in this Report.

the scope of the general health and medical services administered by the Health Committee. That this is the policy of the Ministry was clearly stated by the Ministry's Representative at the recent Joint Conference on October 30th last.

Appropriation.

Some misunderstanding appears to have been created as to the *extent* to which this policy has been adopted. The list to April, 1934, excluding the L.C.C. Hospitals already appropriated, was as follows :—

Birkenhead	Plymouth
Birmingham	Portsmouth
Bradford	Preston
Bristol	Reading
Burnley	Rochdale
Coventry	Sheffield
Croydon	Southampton
Derby	Southend-on-Sea
Halifax	Southport
Leicester	Sunderland
Liverpool	Warrington
Manchester	West Bromwich
Middlesborough	and the
Newcastle	Salop County Council
Oldham	

This represents a gross total of 18,530 beds. To April, 1935, were added :—

Leeds, Liverpool, Nottingham, Salford and the Cheshire County Council, representing a further 5,610 beds. Several Councils, including Middlesex, are adopting in the near future, and there is no doubt it will become universal through the country.

MISCONCEPTIONS.

Recent discussions have revealed that various misconceptions and misapprehensions still exist, and it is proposed at once to deal with these :—

Division of the Institution.

It should be quite understood that there has never been any idea whatever as to the appropriation of the whole Institution at Fairmile. We are concerned alone with the *Hospital*, and in reply to the suggestion of some difficulties associated therewith, it should be remembered that the Ministry's Representative on October 30th last gave his assurance that these had been overcome in other areas, and that they are not insuperable.

Voluntary Hospitals.

Statements have been frequently made to the effect that the Voluntary Hospitals will be adversely affected. It is submitted, there is no foundation whatever for this fear, but there is overwhelming evidence from all parts of the country that CO-OPERATION between Voluntary and Municipal Hospitals has been established, and has led to the most satisfactory results.

There is surely no reason whatever to suppose that Bournemouth will be any exception ; on the contrary, a much wider service would be available for the public, which should prove an added advantage to both types of Hospital.

There is already full co-operation between the Municipal Isolation Hospital and the Voluntary Hospital, and there is no reason why this should not be the case in connection with Fairmile Hospital. Again, the transfer of patients of a sub-acute and chronic character from the Voluntary Hospital will be much more easily effected when the patient realises he is not being transferred to a Poor Law Hospital, and as has been already indicated, more beds will be liberated at the former for the relief of untreated sickness.

Present Patients at Fairmile Hospital.

Some confusion of ideas appears to exist with regard to the security of the old and infirm patients, and the notion seems to be abroad that they will be disturbed. This is entirely erroneous ; the sick, infirm

and aged poor will remain, and no removal has ever been contemplated, nor could any such step be carried out under the Act.

Situation of the Hospital.

It has been stated that Christchurch is too far away, but this is surely scarcely tenable in view of the *fact* of its existence there for so many years, and certainly in these times Christchurch is more than ever co-extensive with Bournemouth. Indeed, it would seem a very appropriate and almost equidistant geographical distribution of General Hospitals within the three adjoining townships :—

Cornelia Hospital, Poole ;

Royal Victoria & West Hants Hospital, Poole Road ;

Royal Victoria & West Hants Hospital, Boscombe ;

Public Health Hospital, Christchurch.

Excellent facilities for visiting at Fairmile Hospital have always been available and these will continue.

Position of Medical Officer of Health.

Here again, confused impressions seem to exist, but these are the facts :—

The Medical Officer of Health under existing conditions is co-ordinated with the Public Assistance Committee in an advisory capacity only, and is excluded from any administrative control so long as it remains a Poor Law Hospital.

The anomaly of a *Council* Medical Service, over which its Medical Officer of Health is thus limited is entirely alien to modern conceptions concerning the wide scope of duties pertaining to a County Borough's Chief Medical Officer and the position needs only to be stated, to be condemned.

A further curious anomaly may here be indicated, *viz* :—That whilst the Medical Officer of Health as Medical Superintendent of the Isolation Hospital, freely and readily admits patients to this Hospital from the

Institution and Cottage Homes at Christchurch, as he should ; nevertheless when the converse is desired, the machinery of the Poor Law must be put into operation.

PROPOSALS.

The proposals are very simple and should be quite easy to apprehend :—

1. We submit the only practicable way is that of following the procedure of the Local Government Act which means the taking over of the medical care of the sick poor as at present carried out at Fairmile Hospital, which taking over, presents no real difficulties whatsoever :—

- (a) The Hospital is readily separable from the remainder of the Institution.
- (b) A separate entrance can quite easily be effected leading directly to the Hospital blocks.
- (c) If the present provision is fully occupied, there is vacant land which gives ample room for any extensions.
- (d) At the outset, arrangements could be made for kitchen accommodation and laundry.
- (e) The division of the staff can be easily adjusted given the spirit of co-operation and goodwill.

2. *Direct Admission.* A system of *direct* admission without the intervention of the Relieving Officer will be secured. This has been highly appreciated by the public in the various County Boroughs which have appropriated, and is much more satisfactory to the medical profession, the members of which always appreciate the readiest procedure of admitting sick patients into any Institution.

3. *Financial.* Undue exaggeration has unfortunately been foreshadowed in this connection. If the system at present in operation is thoroughly satisfactory, as is claimed, there will be no increase at the outset in the expenditure incurred in administering the Hospital.

It should be pointed out that the Health Committee will be able to take stock of the medical needs of the County Borough, and if the Hospital is fully occupied and additional building is necessitated, such expenditure will presumably have to be met by the Council whether the Hospital is administered by the Public Assistance Committee *or* the Health Committee.

Finally, it should be perfectly clear that the change over to the Health Committee, of the Hospital at Fairmile, fulfils the *essential requirements of the Act*, viz :—

- (a) It provides for the medical services of the sick poor *outside* the Poor Law, or as the Act puts it, "Not by way of poor relief."
- (b) It provides the nucleus of the Municipal Hospital so desirable for the accumulating variety of Health and Medical Services, and the increased expenditure and inconvenience caused by an additional Hospital site is thus obviated.

We have no hesitation in suggesting that the Health Committee should recommend to the Council that steps should be taken to amend the Local Administrative Scheme in the direction indicated in this report, and we have every confidence that the Council will see the wisdom of adopting the same, and thus bring Bournemouth into line with the other important and progressive Health Authorities.

W. ASTEN.

J. H. TURNER.

R. A. LYSTER.

H. GORDON SMITH.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

There are few houses in the County Borough deriving their drinking water from a well, for the two Water Companies have extended their mains whenever practicable. The supply from both Companies has been adequate and satisfactory though the Borough Analyst drew attention to the fact that two samples

taken during a period of heavy rainfall were not, as regards bacterial content, up to the usual high standard. By arrangements with each of the Companies, samples are taken every month from the public supply and submitted to the Borough Analyst. It is usual for a representative of the Company to take a sample simultaneously to be examined by an independent analyst. The reports from the respective analysts are exchanged between the Water Companies and the Health Department.

Typical analytical results are given herewith :—

CERTIFICATE OF ANALYSIS.

30th March, 1935

Of a sample of water marked Bournemouth Gas and Water Co., Ltd., received from the Medical Officer of Health, Bournemouth, on the 27th March, 1935, contained in a glass stoppered bottle. Particulars of source, standpipe, Richmond Hill, 27th March, 1935, 9.30 a.m.

I hereby certify that I have examined the above mentioned sample with the following results :—

DETERMINATION.				PARTS PER 100,000.
Free Ammonia	...	...	...	0.0010
Albuminoid Ammonia	...	...	...	0.0050
Oxygen absorbed at 37°C. in 3 minutes	...	...	...	0.0238
" " 4 hours	...	...	...	0.0730
Nitrites	...	...	...	Trace
Nitric Nitrogen in Nitrates	...	...	...	0.33
Hardness, Temporary	...	...	...	17.0
" Permanent	...	...	...	3.5
" Total	...	...	...	20.5
Chlorine	...	...	...	1.9
Total Solids, dried at 180°C.	...	...	...	29.6
Free Chlorine	...	...	...	0.006
Free Carbonic Acid	...	...	...	Nil
Metals (Lead, Copper, Zinc, Iron)	...	...	...	Nil
pH reaction	...	...	...	7.5
Appearance	...	...	...	Clear
Odour	...	...	...	None
No. of Bacteria per c.c.				
On Gelatine in 3 days at 22°C.	...	...	...	7
On Agar in 24 hours at 37°C.	...	...	...	5
Bacillus Coli	...	...	...	Absent in 100 c.c.

Remarks.

The above figures are satisfactory, and in my opinion the water may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

CERTIFICATE OF ANALYSIS.

Of a sample of water marked West Hants Water Co., Christchurch, received from the Medical Officer of Health, Bournemouth, on the 27th March, 1935, contained in a glass stoppered bottle. Particulars of source, final water chamber, 27th March, 1935, 10.30 a.m.

I hereby certify that I have examined the above mentioned sample with the following results :—

DETERMINATION				PARTS PER 100,000.
Free Ammonia	...	...	...	0.0050
Albuminoid Ammonia	...	...	...	0.0045
Oxygen absorbed at 37°C. in 3 minutes	...	...	...	0.0281
" " " 4 hours	...	...	...	0.0871
Nitrites	...	...	...	faint trace
Nitric Nitrogen in Nitrates	...	...	...	0.29
Hardness, Temporary	...	...	...	20.0
" Permanent	...	...	...	2.5
" Total	...	...	...	22.5
Chlorine	...	...	...	1.5
Total Solids dried at 180°C.	...	...	...	27.6
Free Chlorine	...	...	...	0.012
Free Carbonic Acid	...	...	...	nil
Metals (lead, copper, zinc, iron)	...	...	...	Nil
pH reaction	...	...	...	7.4
Appearance	...	...	...	Clear
Odour	...	...	...	None
No. of Bacteria per c.c.				
On Gelatine in 3 days at 22°C.	...	...	...	15
On Agar in 24 hours at 37°C.	...	...	...	9
Bacillus Coli	...	...	...	Absent in 100 c.c.

Remarks.

The foregoing results are satisfactory, and in my opinion the water may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

Drainage and Sewerage.

Steady progress has been made with the abolition of cesspools since the Borough was extended. On the

other hand new cesspools have been provided for houses recently erected for which no sewer is available. In the Kinson, Throop, Holdenhurst and Wick areas there are approximately 240 cesspools which have to be emptied periodically as no sewer is provided. During the year cesspools have been emptied on 1,369 occasions and 2,074 loads of sewage removed. On written application to the Health Department a cesspool is emptied free of charge if no sewer is available. In other cases the owner is charged 10s. 0d. for each load of sewage removed.

The following figures relate to Kinson only :—

Number of cesspools at time Kinson was included in the County Borough	... .. approx.	2365
Number of premises drained to the sewers, including drainage of new buildings	... ..	2873
Number of cesspools to premises for which sewer is available	...	153
Number of cesspools to premises for which sewer is not available		323

Kinson is the only area of the County Borough for which sewage disposal works are provided. Elsewhere the sewage passes through disintegrators and is discharged directly into the sea.

The following details relating to the Kinson Sewage Disposal Works have been supplied by the Borough Engineer :—

“ These works are now working very satisfactorily.

2,709 connections to the sewers have been made since the installation of the Scheme.

Approximately 370,000 gallons are dealt with daily.

Character of Sewage.

The Character of the sewage dealt with varies in impurity and when measured by the Oxygen absorbed shows a variance of 13 parts per 100,000 to 40 parts per 100,000, and comes under the category of “ strong sewage.”

Samples of the sewage effluent and final effluent are taken monthly and judging from the Oxygen absorbed shows a purity figure averaging 94 per cent.

Digestion Tanks.

These tanks are working well and the amount of digested sludge for pumping and drying is reduced to a minimum.

Bacteria Beds.

The media in these beds have now reached maturity.

It may be interesting to note that during the Congress of the Royal Sanitary Institute held here last summer, Mr. H. C. Whitehead, M.Inst.C.E., Engineer to the Birmingham Drainage Board, visited the works, and on noting the absence of the Water Spring Tail (*Achorutes Viaticus*) was good enough to send from his works a sufficient quantity to inoculate the four beds. 'This no doubt has hastened their maturity.'

Rivers and Streams.

No marked pollution of water courses has been detected.

Public Cleansing.

The disposal of refuse is carried out by the Borough Engineer's Department. Collected in motor freighters and horse-drawn vehicles, the refuse is conveyed to the destructor or one of the "Tips" which are very thoroughly controlled. During the busy seasons special facilities are provided for hotels and other large residential premises.

Increased attention has been given to the clearing of street litter. This is effected by means of specially constructed covered hand-carts. An addition has also been made to the number of wire litter-baskets.

The emptying and flushing of road catchpits is carried out by suction into closed vehicles. This system is a great improvement on the old method of bailing into open carts.

The fouling of pavements by dogs is supervised by the Police, who have taken proceedings on nine occasions when there has been contravention of the Bye-laws.

The removal of fish offal is arranged by means of a duplicate bin system. It is sold to be utilised for the manufacture of artificial manure. Prior to removal from the district the offal is stored in special receptacles.

SANITARY INSPECTION OF THE AREA.

I am indebted to the Senior Sanitary Inspector for the following statement :—

1.—NUISANCES.

Complaints received and attended to	...	...	...	...	923
General inspections of districts	...	...	...	...	234
Number of nuisances detected	...	...	...	...	736
Number of nuisances abated	...	...	...	...	722
Number of nuisances outstanding, 1st January, 1935	...	...	...	...	47
Ditto, 31st December, 1935	...	...	...	...	61
Visits re abatement of nuisances	...	...	...	...	3829
Number of notices served—Informal	...	...	...	...	227
Statutory	...	...	...	...	12
Number of notices complied with—Informal	...	...	...	...	182
Statutory	...	...	...	...	8
Visits to piggeries	...	...	...	...	150

2.—INFECTIOUS DISEASES.

Enquiries made	...	...	...	...	201
Total number of visits	...	...	...	...	320

3.—NEW BUILDINGS.

Water tests	...	...	...	...	1817
Number of re-tests	...	...	...	...	218
Smoke tests	...	...	...	...	1131
Number of re-tests	...	...	...	...	150
Total visits	...	...	...	...	3781
Reports made to Building Inspector re defects ascertained	...	...	...	...	337

4.—PRIVATE INSPECTIONS.

Premises inspected and tested	...	...	...	...	81
Subsequent water tests	...	...	...	...	22
Subsequent smoke tests	...	...	...	...	44
Visits re supervision of works	...	...	...	...	333
Total visits	...	...	...	...	555

5.—DISINFECTIONS....

Number of rooms after notifiable disease	...	...	...	256
Number of books	...	...	...	191
Number of rooms after Phthisis	...	...	...	109
Number of rooms after non-notifiable disease	...	...	...	158
Number of rooms for vermin	...	...	...	536
Disinfection of places of entertainment	...	...	...	102
Number of articles disinfected or destroyed	...	...	...	5611

Inspection of Dwelling-houses during the Year—

(1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	315
(b)	Number of inspections made for the purpose ...	661
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	24
(b)	Number of inspections made for the purpose ...	34
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	Nil
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	344

Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	331
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Action under Statutory Powers during the Year :—*A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—*

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ...	5
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners ...	Nil
(b)	By Local Authority in default of owners ...	Nil

B. Proceedings under Public Health Acts.

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	3
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	By owners ...	3
(b)	By Local Authority in default of owners ...	Nil

C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1)	Number of dwelling-houses in respect of which demolition orders were made ...	Nil
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders ...	Nil

D. Proceedings under Section 20 of the Housing Act, 1930 :—

(1)	Number of separate tenements or underground rooms in respect of which closing orders were made ...	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	Nil

BUILDING.

There are many new buildings being erected, both dwelling-houses and business premises. In common with other towns large blocks of flats have appeared and on the outskirts of the Borough bungalows in

considerable number. At the same time older houses are being sub-divided and modernised, so that there is a steady process of development throughout the area. The Corporation is taking an active part in ameliorating the housing conditions of the working classes as is indicated in the statement of the Housing Superintendent. All new drainage and fittings are tested on receipt of notice from the Buildings Department.

During the year buildings have been erected or added to and completed as follows :—

807 houses and shops

17 lock-up shops

303 flats

3 public buildings

1 large workshop

232 stables and garages

and additions made to 140 premises.

CORPORATION HOUSING SCHEMES.

The Housing Schemes comprise 576 houses, 84 flats and 20 bungalows, of which 674 were built by contract for the Corporation, 2 were given by the Builders' Guild, and 4 taken over from Christchurch. Of the 576 houses, 340 are of the Parlour type and 236 of the Non-Parlour type. 168 of the houses were built under the 1919 Scheme and the remainder under the 1924 Scheme.

Fourteen bungalows for aged people have been erected and tenanted during 1935, and these, I am pleased to say, are very much appreciated by the aged couples who occupy them.

During the past year, the Housing Superintendent and his staff have visited and investigated the conditions and accommodation of 482 applicants for Council houses, and about 50 per cent. of these have been placed on the Housing Register.

Fifty-seven tenancies have been terminated, and new tenants were selected from the Housing Register to occupy these premises.

On the Kinson Estate 84 Non-Parlour type houses are being erected, which form part of a proposed larger scheme for providing approximately 200 Non-Parlour type houses for families, and 30 bungalows for aged couples. The first portion of this scheme should be ready for occupation about March to July, 1936.

At present the number of applicants entered on the Housing Register is 202 and this number will doubtless increase as the Kinson Scheme progresses.

The following is an analysis of the Scheme :—

<i>Number.</i>	<i>CARBERRY ESTATE.</i>				<i>Rentals.</i>
48	3	Bedroom houses	...	...	13/3
3	4	" " (Detached)	...	...	15/10
1	3	" house ( " )	...	...	14/5
4	3	" houses	...	...	14/5
<i>SOUTHILL ESTATE.</i>					
158	3	Bedroom houses	...	...	12/10
5	3	" " (Detached)	...	...	13/11
2	4	" " (Semi-detached)	...	...	13/11
1	4	" " (Detached)	...	...	15/5
2		Non-Parlour houses	...	...	11/1
20		Flats	...	...	9/7
2		Bungalows	...	...	7/7
14		Bungalows	...	...	7/6
<i>CHARMINSTER ESTATE (including Luckham Road).</i>					
114	3	Bedroom houses	...	...	12/10
64		Flats	...	...	9/7
<i>IFORD ESTATE.</i>					
132		Non-Parlour houses	...	...	10/5
4		Bungalows	...	...	7/5
<i>KINSON ESTATE.</i>					
102		Non-Parlour houses	...	...	8/11
<i>HOLDENHURST.</i>					
4	3	Bedroom houses	...	...	12/6
<hr/> 680 TOTAL NUMBER OF PROPERTIES (including 2 Gift Houses). <hr/>					

Smoke Abatement.

Laundry and factory chimneys liable to cause nuisance have been kept under supervision. On five occasions it has been necessary to send warning letters, but legal proceedings have not been required.

Several complaints have been received with reference to the burning of garden refuse, and when there appears to have been any contravention of the Bye-laws a warning has been given.

Swimming Baths and Pools.

(a) The Municipal Swimming Baths at Stokewood Road are now supplied with sea-water. From time to time samples have been obtained and submitted to the analyst, who has reported favourably. The Baths Committee felt, however, that a series of examinations should be carried out, and suggested particularly that samples should be taken from the deep and shallow ends of the bath at variable times of the day. The report of the Analyst which follows proved to be very instructive and useful.

(b) Circular No. 1503 of the Ministry relating to the purification of water in swimming-baths and pools has been supplied to the proprietors of all those known to be in the borough. Most of these baths are equipped with up-to-date purification plant and the arrangements seem satisfactory.

All premises will be kept under observation, and samples of the water taken if necessary.

Schools.

All the public Elementary Schools are supplied with water by one of the two Water Companies.

The premises are inspected periodically and recommendations made as to improvements and defects. There has been no serious epidemic in any area, and it has not been necessary to close any school or department on account of infectious disease. Contacts of infectious cases have been followed up and the routine methods of exclusion adopted.

Cinemas and Theatres.

There are 14 cinemas and 3 theatres licensed by the Sanitary Authority. The accommodation is for 18,176 people. These premises have been frequently inspected with regard to sanitary accommodation, cleanliness and ventilation.

REPORT ON A SERIES OF EXAMINATIONS
CARRIED OUT ON THE WATER
AT STOKEWOOD ROAD SWIMMING BATHS
18TH SEPTEMBER, 1935, TO 13TH NOVEMBER, 1935.

The object of these examinations was to find out the purity and general condition of the water in the bath under varying circumstances and also to ascertain the effectiveness or otherwise of the plant, and the method used for purification. 37 samples have been taken and examined over a period of eight weeks.

The Stokewood Road Swimming Bath has a capacity of 95,000 gallons and is filled with sea water. Appendix I shows a diagrammatic sketch of the plant employed for treating, filtering and chlorinating the water which is in continuous circulation.

The method of purifying consists of treating the water with a solution of alum and soda, filtering, heating, aerating and finally chlorinating. The filters, which are filled with quartz chippings, are washed at intervals with main water, the dirt being carried to the main drain. From time to time fresh quantities of sea water are added to the circulating system in order to replace loss.

The samples in this report were taken by the Sale of Foods and Drugs Inspector and drawn either direct from the bath or from various cocks indicated in the diagram in Appendix I.

The results of these examinations are classified under the following headings, and the figures, with the exception of the free chlorine, are expressed in parts per 100,000. The free chlorine is shewn as parts per million.

- I. Examination of the water before and after being in circulation for a definite period.
- II. Effect of the filters.
- III. Examination of the inlet water.
- IV. Examination of the water on a gala night.
- V. Summary.

PART I.

Examination of water after being in circulation for a definite period.

Samples taken of the Water leaving the Bath at Cock "X."

Sample No.	...	1	3	4	5
Date	...	18/9/35	21/9/35	2/10/35	7/10/35
Time	...	2 p.m.	12 noon	2.35 p.m.	9 a.m.
Free Ammonia	...	0.2050	0.2700	0.1775	0.2850
Albuminoid Ammonia	...	0.0500	0.0550	0.0350	0.0700
Oxygen absorbed in 4 hours	...	0.4848	0.7046	0.6981	0.7416
Free Chlorine parts per million	...	0.30	0.32	0.22	0.21
Organisms per c.c. grown at 37°C. for 2 days	...	2,957	1,400	150	2,200
B. Coli in 100 c.c.	...	Absent	Absent	Absent	Absent
B. welchii	...	"	"	"	"
Streptococci	...	"	"	"	"

Sample "3" was taken 70 hours after sample "1" and during this period 915 adults and 412 children—total 1,327 persons—had entered the bath. The total water circulating through the bath and plant amounted to 1,104,000 gallons, and 3,500 gallons of fresh sea water had been added to make up the loss during this period. The filters had not been cleaned before taking sample "1" and this accounts for the high number of organisms found. However, they were washed on the night of the 18th, which considerably reduced the number of organisms.

Samples "4" and "5" were taken at the same point, "5" being taken 114 hours later. The number of bathers entering the water during this period was 914 adults and 393 children, a total of 1,307, and during this time the total turnover of the water amounted to 1,593,500 gallons.

		Samples taken in the Bath.			
Sample No.	...	8	11	9	10
Date	...	26/10/35	31/10/35	26/10/35	31/10/35
Time	...	8.45 a.m.	4.30 p.m.	8.45 a.m.	4.30 p.m.
Place	...	shallow end near inlet	shallow end near inlet	deep end near outlet	deep end near outlet
Free Ammonia	...	0.0550	0.0500	0.0600	0.0450
Albuminoid Ammonia	...	0.0400	0.0450	0.0450	0.0700
Oxygen absorbed in 4 hours	...	0.2078	0.2148	0.2620	0.3885
Free Chlorine parts per million	...	0.50	0.50	0.40	0.30
Organisms per c.c. grown at 37°C. for 2 days	...	70	1,000	60	2,000
B. Coli in 100 c.c.	...	Absent	Absent	Absent	Absent
B. welchii	...	"	"	"	"
Streptococci	...	"	"	"	"

Samples "10" and "11" were taken 128 hours after the samples "8" and "9". The total number of bathers during this period amounted to 832, and the total turnover of water 1,381,000 gallons, while 8,500 gallons of fresh sea water had been added.

PART II.

Two filters are in operation on the plant, Nos. 1 and 2. Samples were taken at various times of the water entering and leaving filter No. 1. The results are as follows :—

		Before Washing.		After Washing.	
Sample No.	...	17	18	20	21
Date	...	13/11/35	13/11/35	13/11/35	13/11/35
Time	...	2.40 p.m.	2.40 p.m.	4.40 p.m.	4.40 p.m.
Place	...	inlet	outlet	inlet	outlet
Free Ammonia	...	0.0200	0.0150	0.0100	0.0075
Albuminoid Ammonia	...	0.0450	0.0400	0.0250	0.0200
Oxygen absorbed in 4 hours	...	0.2441	0.2323	0.1735	0.1705
Free Chlorine	...	0.25	0.25	0.23	0.20
Organisms per c.c. grown at 37°C. for 2 days	...	300	100	400	100
B. Coli	...	Absent	Absent	Absent	Absent
B. welchii	...	"	"	"	"
Streptococci	...	"	"	"	"

ANALYSIS OF SEA WATER TAKEN FROM OUTSIDE SEA WATER TANK AT 4.50 P.M. ON 13TH NOVEMBER, 1935.

Sample No. 19.

Free Ammonia	...	...	...	0.0100
Albuminoid Ammonia	...	...	...	0.0150
Oxygen absorbed in 4 hours	...	...	...	0.1941
Organisms per c.c. grown at 37°C. for 2 days	...	...	...	200
B. Coli	...	...	...	Absent
B. welchii	...	...	...	"
Streptococci	...	...	...	"

PART III.

Examination of Inlet Water.

The following samples of chlorinated inlet water were taken direct from the bath out of position beneath the surface of the water at the shallow end and immediately opposite the inlet pipe.

Sample No.	...	...	2	8	11
Date	...	...	18/9/35	26/10/35	31/10/35
Time	...	...	2.15 p.m.	8.45 a.m.	4.30 p.m.
Free Ammonia	...	...	0.1600	0.0500	0.0620
Albuminoid Ammonia	...	...	0.0350	0.0400	0.0420
Oxygen absorbed in 4 hours	...	...	0.4620	0.2078	0.3680
Free Chlorine parts per million	...	...	0.60	0.50	0.50
Organisms per c.c. grown at 37°C. for 2 days	...	...	1,900	70	1,000
B. Coli	...	...	Absent	Absent	Absent
B. welchii	...	...	"	"	"
Streptococci	...	...	"	"	"

Sample "8" was taken shortly after the filter had been washed and this accounts for the low number of organisms present. The free chlorine in these samples varies from 0.5 to 0.6 parts per million. The usual amount recommended for swimming bath water is not more than 0.5 parts of free chlorine or less than 0.2 parts per million of water.

PART IV.

Examination of Water on Gala Night.

Two samples were taken on the night of the 18th October when a swimming gala took place. Sample "6" was taken at 6.30 p.m. after passing the filter and at tap "Y," while sample "7" was taken at 8.15 p.m. direct from the bath at the deep end. The results are as follows :—

Sample No.	...	...	6	7
Free Ammonia	...	...	0.1400	0.1500
Albuminoid Ammonia	...	...	0.0350	0.0400
Oxygen absorbed in 4 hours	...	...	0.5122	0.6800
Free Chlorine	...	...	0.12	0.15
Organisms per c.c. grown at 37°C. for 2 days	...	...	300	4,800
B. Coli—100 c.c.	...	...	Absent	Absent
B. welchii	...	...	"	"
Streptococci	...	...	"	"

Sample " 6 " represents the water used in the bath before the gala, and " 7 " after it had taken place. Considerable increase in the organisms present is probably due, not only to the number of swimmers entering the bath, but also to the stirring up of the water.

PART V.

Summary of Results.

(a) *Free Chlorine.*

(i) Examination of samples of inlet water shewed the following results :—

Sample	...	2	8	11
Free Chlorine	...	0.60	0.50	0.50
Average—0.53 parts per million of Chlorine.				

(ii) Examination of samples of outflowing water from the bath shewed the following results :—

Sample	...	1	3	4	5	7	9	10
Free Chlorine...		0.30	0.32	0.22	0.21	0.15	0.40	0.30
Average—0.27 parts per million of Chlorine.								

(b) *Bacteria present.*

Samples taken after the filters had been washed shewed the following number of organisms per c.c.

Sample	...	...	8	9
Organisms	...	...	70	60
Average—65 organisms per c.c.				

Samples taken after water had been in circulation and before filters were flushed gave the following results.

Sample	...	3	5	11	12
Organisms	...	1,400	2,200	1,000	2,000
Average—1,650 organisms per c.c.					

(c) *B. Coli.*

Bacillus Coli was not found to be present in any of the samples examined. From consideration of the above figures for the Free Chlorine present it would appear that the dosage used had been sufficient to destroy all the B. Coli present in the water at any time.

(d) *Organisms present before and after the water had been in circulation for a definite period.*

I. At the commencement of trial.				
Sample	...	...	4	8
No. of Organisms	...	...	150	70
				9
				60
II. After circulation at end of trial.				
Sample	...	...	5	11
Hours in circulation	...	...	114	128
No. of Bathers	...	...	1,307	832
Organisms per c.c.	...	...	2,200	1,000
				2,000

Conclusions.

(A) The main fact which emerges from these results is that there is a large increase in the number of organisms in the water after it has been in circulation for some hours, *e.g.*, from Part V (d) above it will be seen that starting with a clean filter the number of organisms found was only 150 per c.c., while after the water had been in circulation for 114 hours this number rose to 2,200 per c.c. Similar results are seen in the same paragraph in accordance with samples "8" and "11" and also "9" and "10." Further evidence of this increase is given in Part V (b) where the average number of organisms in the inlet water of the bath was found to be 65 while after circulation the average number on the outlet side was found to be 1,650. In my opinion, these results shew that regular and efficient cleaning of the filters is essential. Probably this should be done oftener than at present and a ratio between the number of bathers and the frequency of filter cleaning is required.

(B) The oxygen absorbed in general represents the amount of organic matter present in the water. The suggested figures are generally unreliable in the case of sea water.

(C) The fact that *B. Coli* was not found in any of the samples is very satisfactory. Further, no *Streptococci* or *B. welchii* were found in the water and the organisms present were of a harmless type. The amount of Free Chlorine suggested by the Ministry of Health for the treatment of swimming water bath

is 0.2 to 0.4 parts per million. From paragraph V (a) above it will be seen that the average Free Chlorine present in the inlet water of the bath was found to be 0.53 parts per million, while the average Free Chlorine in the outlet of the bath was 0.27 parts per million. This may account for the fact that B. Coli was not found in any of the samples examined.

The standards in Appendix II apply to fresh water but published analyses shew that sea water gives higher figures for some of the determinations. This probably accounts for the fact that in this report there is a slight excess in the case of some of the items. This again points to the necessity of frequent cleaning of the filters.

Having regard to all the figures, and particularly to the fact that B. Coli has never been found in any of the samples tested, I am of opinion that the water is thoroughly satisfactory.

(Signed) R. PENDRILL CHARLES.

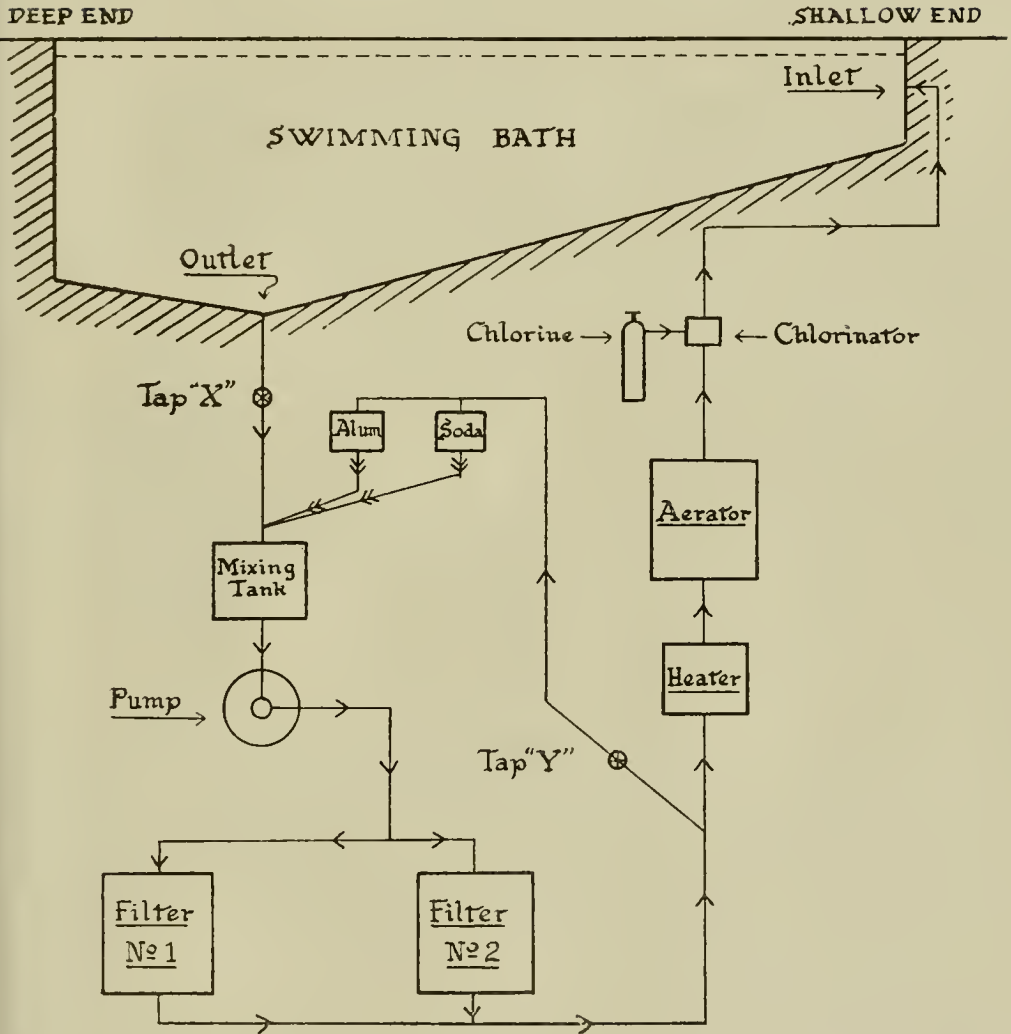
Borough Analyst's Laboratory,
Old Library House,
Dean Park Road,
Bournemouth,

3rd December, 1935.

Hants.

APPENDIX I.

DIAGRAMMATIC SKETCH OF PLANT AT
STOKEWOOD ROAD BATHS.



Circulation of Water shewn thus —————→
 " " Chemicals " " —————→

APPENDIX II.

Suggested Standards which apply to Swimming Bath Water.

1. The albuminoid ammonia does not exceed 0.025 part per 100,000.
2. The oxygen absorbed does not exceed 0.25 part per 100,000.
3. Chlorine contents should not fall below 1 part in 5 million or above 1 part in $2\frac{1}{2}$ million.
4. To contain less than 100 bacteria per 1 c.c. capable of growing on agar in one day at 37°C.
5. To be free from B. Coli in 100 c.c.
6. To be free from Streptococci in 100 c.c.
7. To give a negative B. welchii in 100 c.c.
8. Absence of B. Coli in 50 c.c. in 75 per cent of samples, and absence in 10 c.c. in all samples.
9. Bacterial count on agar in one day at 37°C. to be less than 500 per 1 c.c. in 75 per cent. of the samples and not to exceed 1,000 in any sample.

RATS AND MICE (DESTRUCTION) ACT, 1919.

Two men are constantly employed to carry out the duties of the Act. The free services rendered brought in a number of complaints which had to be dealt with. A "Rat Week" was carried out in November. Experience proves that during the winter months rats migrate from the sea front when the tents and bungalows are deserted. There has also been great building activity in the centre of the town, and this no doubt disturbs rats and forces them to seek other quarters. Again the excessive feeding of birds in the public gardens and in the gardens of private residences encourages the presence of these vermin. In some large business premises private firms are employed for rat-catching, but assistance is given when required by the Corporation men.

The work performed during the year by the two rat-catchers is as follows :—

Number of applications received for the services of rat-catchers	...	...	...	674
Number of occasions when dogs and ferrets were used	...	...	...	463
Number of occasions when poison baits were applied	...	...	...	211
Number of visits for supervision	...	...	...	607
Number of rats destroyed	...	...	...	3145

FACTORY AND WORKSHOPS ACT.

The number of workplaces registered is 391. They are now supervised by the District Sanitary Inspectors instead of one official as formerly.

Trade.	Premises Registered.	Rooms Occupied.
Dressmakers and Milliners	71	111
Tailors	54	71
Blacksmiths	7	8
Bootmakers and Saddlers	44	48
Laundries	9	13
Carpenters and Builders	47	57
Cabinet Makers and Upholsterers	38	54
Coach Builders and Motor Works	14	17
Watchmakers and Jewellers	18	21
Metal Workers	10	10
Cycle Builders and Motor Works	31	37
Miscellaneous	48	60
	391	507

INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances

1.	Premises.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories	...	241	140	—
(Including Factory Laundries)	...			
Workshops	...	409	30	—
(Including Workshop Laundries)	...			
Workplaces	...	96	—	—
(Other than Outworkers' premises)	...			
Total	...	746	170	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS and WORKPLACES.

Particulars.	Number of Defects.			Number of offences in respect of which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts*</i>				
Want of cleanliness	16	16	2	—
Want of ventilation	2	2	—	—
Overcrowding ...	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ...	2	2	—	—
Sanitary accommodation—				
Insufficient	—	—	—	—
Unsuitable or defective ...	9	9	—	—
Not separate for sexes ...	2	2	—	—
<i>Offences under the Factory & Workshop Acts :—</i>				
Illegal occupation of underground bake-house (s. 101) ...	—	—	—	—
Other offences† ...	3	3	18	—
Total ...	34	34	20	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

†Excluding offences relating to outwork and offences under the sections mentioned in the schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

Homework.

During the year 42 lists containing the addresses of 89 outworkers have been received. In each case an inspection was made, but in one instance only was it found necessary to serve a notice requiring works to be executed. Four addresses were received from another authority. Three of the persons referred to did not reside in the Borough, but the usual particulars were sent to the authorities concerned.

Registries for Female and Domestic Servants.

The number of premises on the register at the end of the year was 28. Thirty-two visits were paid to these for the purpose of enforcing the Bye-laws.

Shops Acts, 1912-1934.

The Acts of 1934 which came into force in December of the same year made many changes respecting the employment of young persons. In Bournemouth it was found necessary to make an entirely new inspection of shops throughout the Borough. This has been done by re-arranging the districts of the Sanitary Inspectors which was made possible by the appointment of an additional Inspector.

In the following instances notices were not found affixed as required by the Acts :—

Exempted trade notice under the Second Schedule	... ..	298
Assistants weekly half-holiday notice	...	662
Notice as to the employment of young persons under Section 2	... ..	645
Early closing day notice	... ..	320

It was found necessary to serve 25 notices with reference to insufficient sanitary accommodation or inadequate ventilation.

In 5 instances seats for female assistants were required.

One hundred and eight special inspections have been made with regard to the sale of non-exempted goods after half-day and evening closing. In 11 cases verbal warnings were given ; explanatory letters to the Health Department in response to these were accepted.

Five inspections under the Hairdressers and Barbers Shops (Sunday Closing) Act, 1930, have been made and no contravention of the Act was found.

SUMMARY OF SHOPS ON REGISTER, 31st December, 1935.

BUSINESS.	No. of Shops on Register	EARLY CLOSING DAY.						No. which do Not Close
		Mon	Tue	Wed	Th	Fri	Sat	
Grocery & Provision Dealers...	316	34	26	229	15	1	5	6
Greengrocers, Fruiterers & Florists ...	175	10	4	122	10	—	2	27
Bootsellers and Repairers ...	131	—	—	110	2	—	19	—
Tailors and Outfitters...	112	—	—	98	1	—	13	—
Butchers ...	153	16	3	130	—	—	4	—
Drapers, Milliners & Dressmakers ...	241	2	—	178	2	—	59	—
Furniture Dealers ...	88	1	2	66	1	—	18	—
Toys, Newspapers, Tobacco & Sweet Dealers ...	318	20	7	118	12	—	4	157
Bakers ...	61	13	2	32	1	—	—	13
Dairies ...	43	—	—	36	2	—	1	4
Motor and Cycle Dealers ...	115	—	—	61	—	—	20	34
Fish and Poultry Dealers ...	75	4	1	44	—	—	—	26
Jewellers and Watchmakers ...	52	—	—	37	1	—	14	—
Refreshment Dealers ...	76	10	—	2	2	—	—	62
Sweets and Confectionery ...	77	2	4	28	7	—	—	36
Photographers ...	21	—	1	15	—	—	5	—
Chemists ...	67	—	—	61	—	—	3	3
Hairdressers ...	108	—	—	91	—	—	17	—
Fancy Dealers ...	35	—	1	26	—	—	8	—
Saddlers and Trunkmakers ...	11	—	—	9	—	—	2	—
Booksellers and Stationers ...	60	1	1	49	1	—	8	—
Ironmongers ...	72	1	—	61	—	—	10	—
Coal and Corn Dealers ...	38	—	—	26	—	—	12	—
Wardrobe Dealers ...	18	1	1	15	—	—	1	—
Glass and China Dealers ...	14	—	—	12	—	—	2	—
Off License Houses ...	53	—	—	23	—	—	2	28
Miscellaneous Traders ...	261	4	—	173	3	—	70	11
Number of Shops on Register ...	2791	119	53	1852	60	1	299	407
Empty Shops in Borough ...	239	—	—	—	—	—	—	—
Total No. of Shops in Borough ...	3030							

Rag Flock Acts, 1911 and 1928.

Five informal samples were taken. Two of these when analysed were satisfactory, but the three others contained respectively 40, 42 and 276 parts of soluble chlorine per 100,000 parts of flock, whereas the limit allowed by the regulations is 30.

Two of the vendors were warned, but in the case of the third an official sample was procured. This contained 131 parts of soluble chlorine per 100,000. Legal proceedings resulted in the case being dismissed on payment of costs by the defendant.

The Fertilisers and Feeding Stuffs Act, 1926.

No applications for samples to be analysed have been received, but 6 unofficial samples of fertilisers and 7 of feeding stuffs were taken. The Analyst found that an unofficial sample of Granulated Feeding Meat Meal contained an excess of 6.62 per cent. albuminoids above the amount allowed by the limit of variation. An official sample from the same source gave an excess of 7.06 per cent. albuminoids. Communications were sent to the vendor, and later to the manufacturers, from whom replies regarded as satisfactory were received. No further action was taken.

SUPERVISION OF FOOD.

Milk and Dairies Order, 1926.

Number of Producers (residing outside the Borough) registered to sell wholesale and/or retail in the Borough	10
Number of Producers (residing in the Borough) registered to sell wholesale	19
Number of Producers (residing in the Borough) registered to sell by retail	7
Number of Retailers (residing outside the Borough) registered to sell by retail within the Borough	9
Number of dairy and shop proprietors registered as retail purveyors	349

Inspections.

Visits to dairies	384
Visits to milkshops	264
Visits to cowsheds	340

Milk (Special Designations) Order, 1923.

Licences for the sale in the Borough of graded milk were granted as follows :—

Certified ...	...	...	9
Grade "A"	...	...	7
Pasteurised	...	...	3

All the certified milk is produced and bottled outside the Borough, but four Bournemouth farms produce Grade "A" milk which is conveyed to a local milk depot.

The Council has appointed a Veterinary Surgeon to carry out the inspection of every herd, at least twice a year. In a report which he submitted at the end of December occur the following remarks :—

"The herds within the Borough have attained a very high standard and compare favourably, I think, with herds anywhere. With the improvements shortly to take place in the rebuilding or altering of the cow byres it is to be hoped that more herd owners will apply for Grade "A" licences. The coming half-year should show a big improvement in the conditions under which the cattle are housed. There have been no cases of infectious disease of the udder and only one of septic metritis. There were a few cases of sore teats, but these were owing to insect bites and in no way infectious."

After consideration of these remarks it is not surprising to learn that bacteriological and chemical reports of samples examined are also favourable.

Five samples of certified milk were sent on behalf of the Ministry of Health to the National Institute for Research in Dairying at Shinfield. These were found to conform to the standard of certified milk. Nine others were submitted to the Public Analyst, who in August, was approved by the Ministry and the Council for the purpose of examination of all graded milks, These too were considered satisfactory.

In addition, 4 samples of Grade "A" and 3 of Pasteurised milk were reported upon as up to standard.

Fifty-two samples of non-graded milk were examined for the presence of dirt and Tubercle Bacilli. These organisms were not found in any of the samples 51 of which had attained a satisfactory standard of cleanliness.

A considerable proportion of the milk consumed in Bournemouth, including all that is supplied to the Elementary Schools, has been pasteurised and can therefore be regarded as safe. It is gratifying also to know that the average standard of cleanliness is high.

Slaughter-houses.

There are 4 registered and 7 licensed slaughter-houses ; there are also 9 wholesale meat-stores.

Although most of the meat consumed in the district is imported, much time and labour is devoted by the two Meat Inspectors to the examination of animals slaughtered locally.

The number of animals slaughtered was :—

Beasts	...	...	...	545
Sheep	...	..	...	8058
Calves	...	..	...	3149
Pigs	...	...	...	7210

In consequence the Inspectors recorded 2780 visits.

The provision of a Municipal Abattoir is again receiving consideration as it is deemed undesirable for slaughter houses to exist in localities which are largely residential. It was hoped that there would be co-operation with the neighbouring Borough of Poole, but the project was likely to prove expensive and remained indefinite. It appears probable that a much smaller scheme will satisfy the needs of Bournemouth and preliminary enquiries are being made.

Other Food Premises Controlled.

These include 80 fish-shops, 34 of which sell fried fish :—

	<i>Visits</i>
Butchers	2738
Fishmongers and Poulterers	836
Greengrocers	1605
Grocers	1822
Ice-Cream Vendors ...	91
Hawkers Carts	188
Restaurants and Cafes ...	71
Stalls	34
	<hr/>
	7385

The Amount of Food Surrendered and Destroyed as Diseased or Unsound.

	<i>lbs.</i>
Butchers' Meat (diseased) ...	4398
„ „ (unsound) ...	3658
Fish	859
Fruit	408
Tinned Food	2796
Poultry	837
Rabbits	1387
Eggs	11
Cheese	119
	<hr/>
	14473

Bakehouses.

There are 88 registered, one being an underground bakehouse.

They have been limewashed or painted as required and kept in a satisfactory state. 239 visits have been paid.

Ice-Cream Premises.

The registration of premises used for the manufacture or sale of ice-cream is required by the Bournemouth Corporation Act, 1930. There are on the regis-

ter 253 retail and 8 wholesale and retail premises. They are kept under supervision, samples of ice-cream being submitted to the Bacteriologist when necessary. An unfavourable bacteriological report results in a special visit being paid to the premises by an Inspector.

Prepared Meat Premises.

Registration of these is also required by the Bournemouth Corporation Act. 133 are registered.

Merchandise Marks Act, 1926.

Cautions have been given, but no legal action taken.

FOOD AND DRUGS (ADULTERATION) ACT, 1928 AND THE PUBLIC HEALTH (PRESERVATIVES ETC. IN FOOD) REGULATIONS, 1925-1927.

In the following table is given the nature and degree of adulteration, together with the action taken.

ADULTERATED OFFICIAL SAMPLES.

No.	Nature of Sample	Nature of Adulteration	Action taken
39	Milk ...	34% extraneous water ...	Proceedings were instituted and the vendor fined £5 and 10/6 costs.
141	Milk ...	2% fat deficient ...	Explanation accepted and vendor warned.
164	Milk ...	4% fat deficient ...	" "
173	Milk ...	4% fat deficient ...	" "
179	Milk ...	7% fat deficient ...	" "
231	Milk ...	2% extraneous water ...	" "
234	Milk ...	2% fat deficient ...	" "
277	Milk ...	3% extraneous water ...	" "
278	Milk ...	2% extraneous water ...	" "
387	Brandy...	3% added water ...	Public Analyst did not advise prosecution. Vendor warned.

ADULTERATED UNOFFICIAL SAMPLES.

1	Milk ...	44% extraneous water ...	These were taken as a preliminary to official sample No. 39 which was obtained from the same retailer.
6	Milk ...	40% extraneous water ...	
126	Milk ...	2% extraneous water ...	Explanation accepted. vendor warned.
150	Brandy	4.6% added water ...	This was taken as a preliminary to official sample No. 387 which was obtained from the same retailer.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The incidence of certain infectious diseases in England and Wales is supplied by the Registrar-General in the form of case-rates. For the purpose of comparison similar calculations have been made in respect of Bournemouth.

	Small- pox	Scarlet Fever	Diph- theria	Enteric Fever	Erysi- pelas	Pneu- monia
England and Wales...	.000	2.96	1.60	.04	.42	1.15
Bournemouth ...	.000	.98	.56	.03	.16	.30

Once more it is possible to record that Bournemouth has fared well as regards infectious diseases. Chicken-pox, Mumps, Whooping-cough and Measles have been prevalent, but it was not until the later months of the year that the last-named disease tended to be of a severe type. The incidence of Scarlet Fever has been approximately the average. Some of the patients were seriously ill, but the majority exhibited a fairly typical rash with moderate symptoms.

The number of notifications of Diphtheria was small, but several of the patients suffered from a virulent form of the disease which has been epidemic in certain districts not far from Bournemouth.

Four cases of Enteric Fever were notified. The patients were not associated, and it was not possible to trace the source of infection.

With the exception of Pneumonia there have been few notifications in respect of other diseases. Consequently the accommodation at the Isolation Hospital has not been taxed, and it has been possible to admit, when required, all patients suffering from the usual notifiable diseases, together with some not notifiable such as Measles.

Much help is given by Teachers and Attendance Officers who are accustomed to submit lists of known or suspected cases of infectious disease, whether notifiable or not. It has not been necessary to consider any special methods of administration. It is still customary to disinfect premises when the patient is removed to hospital, or at the termination of the illness if nursed at home. The value of this proceeding, having regard to the expense incurred, is questionable, but in a health-resort it is difficult to discontinue a custom which is considered by residents and visitors to be of vital importance.

Immunisation against Diphtheria in circumstances approved by the Ministry has become available through the agency of the Health Department. For some years Dr. Pedley has immunised the children at the Victoria Home for Crippled Children, but the facilities are now extended. No special form of propaganda has been undertaken but details of the scheme have been provided at the School Clinics, Welfare Centres, and through the agency of the Elementary Schools to those who are interested. The younger children are being dealt with first, but in some families all the children have been treated simultaneously. The response of the parents has been excellent so that two sessions each week have been found necessary. T.A.F. has been used in all cases as this causes little or no discomfort when three injections are given. Children under 11 have not been submitted to a preliminary Schick test, but after the injections have been given each child will be tested eventually.

The number of children dealt with since April :—

Preliminary Schick Test		Completely Immunised	Partially Immunised		Final Schick Test	
Negative	Positive		1 Injec- tion	2 Injec- tions	Negative	Positive
25	30	405	149	65	96	Nil

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1935.

Disease.	Total Cases Notified	Total Cases Admitted to Hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever... ..	116	100	1
Diphtheria	65	63	4
Enteric Fever (including Paratyphoid)	4	1	—
Puerperal Fever	2	1*	—
Puerperal Pyrexia	7	4*	—
Pneumonia	35	—	—
Erysipelas	18	7	—
Ophthalmia Neonatorum	4	2*	—
Encephalitis Lethargica	2	—	4
Polio-myelitis	2	—	—
Dysentery	—	—	—
Chicken-pox	300	—	—

*General Hospital.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1935.

These figures do not coincide with those of the Registrar-General, which relate to the 52 weeks ending 28th December, 1935.

NOTIFIABLE DISEASE	NO. OF CASES NOTIFIED							
	At all Ages	At Ages - Years						
		Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards
Diphtheria (including Membranous Croup)	65	—	15	45	5	—	—	—
Erysipelas	18	—	—	—	2	4	8	4
Scarlet Fever	116	—	22	75	8	9	2	—
Enteric Fever (including Para-Typhoid)	4	—	1	—	1	—	2	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—
Pneumonia	35	3	7	5	1	5	8	6
Chicken Pox	300	3	58	219	14	4	1	1
Encephalitis Lethargica	2	—	—	—	—	—	—	2
Puerperal Fever	2	—	—	—	—	2	—	—
Puerperal Pyrexia	7	—	—	—	3	4	—	—
Polio-myelitis	2	—	1	1	—	—	—	—
	555	10	104	345	34	28	21	13

BIRTH-RATES AND DEATH-RATES.

	Rate per 1,000 population		Annual Death Rate per 1,000 population									Rate per 1,000 live births	
	Live births	Still-births	All causes	Typhoid and Para-typhoid	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total deaths under 1 year
England and Wales	14.7	.62	11.7	.00	.00	.03	.01	.04	.08	.18	.52	15.7	57
Bournemouth ...	11.0	.47	9.9	.00	.00	.00	.00	.00	.03	.15	.43	3.06	39

VACCINATION.

	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
No. of cases in Birth lists received	155	101	124	128	148	131	148	115	125	143	121	91	1530
No. of Certificates of Vaccination received	25	34	35	26	45	39	58	40	36	53	38	17	446
No. of Certificates of Vaccination received of children born in other districts	—	2	1	—	1	1	3	2	3	1	—	1	15
No. of Certificates of postponement—													
Health of child	10	5	10	6	2	5	2	4	4	2	3	3	56
Condition of house	—	—	—	—	—	—	—	—	—	—	—	—	—
Prevalence of Infectious Disease	—	—	—	—	—	—	—	—	—	—	—	—	—
No. of Certificates under Section 1 of the Vaccination Act, 1907	103	70	83	61	81	63	92	81	77	87	76	67	941
No. of Certificates of Insusceptibility or of having had Small-pox	1	—	1	—	—	—	—	—	—	—	—	1	3
Parents removed out of district	8	2	26	8	8	—	44	10	14	15	10	19	164
Otherwise not found	2	—	2	—	4	2	1	4	2	—	2	2	21
No. of entries in lists sent to Public Vaccinator	23	5	13	14	30	28	28	21	30	14	18	8	232

TUBERCULOSIS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of notifications during the period from 1st January, 1935, to 31st December, 1935, in the County Borough of Bournemouth.

Age Periods	FORMAL NOTIFICATIONS												Total notifications
	Primary notifications												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 & upwards	Total (all ages)	
Respiratory													
Males	—	—	—	—	5	8	13	17	6	3	—	52	56
Females	—	—	—	—	3	8	15	9	7	3	1	46	50
Non-Respiratory													
Males	—	2	2	1	—	—	1	—	2	—	1	9	11
Females	—	—	—	5	—	2	3	1	—	—	—	11	12

Particulars of new cases of Tuberculosis and of deaths from the disease of Bournemouth residents during 1935 :—

	New Cases				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	4	1	—	—	3	1
5—15 „ ...	1	—	3	5	—	—	2	1
15—25 „ ...	14	14	1	3	1	2	2	1
25—35 „ ...	22	15	1	3	9	10	—	—
35—45 „ ...	21	12	—	1	7	8	1	1
45—55 „ ...	10	9	2	1	10	4	2	—
55—65 „ ...	4	4	—	—	3	4	2	—
65 and upwards ...	1	2	1	—	1	3	—	—
Totals ...	73	56	12	14	31	31	12	4

Sixty-two deaths from Tuberculosis of the Lungs give a death-rate of .52 per thousand. In the previous year the deaths amounted to 57 and the death-rate was .48.

The previous table includes seven non-notified deaths. In three cases the death was certified by the Coroner after post-mortem examination.

The non-notified deaths accordingly numbered 4, or 5.13 per cent. of the total of 78 deaths from Tuberculosis.

The first intimation received concerning these cases was from the deaths returns, and the attention of the private practitioner concerned was called to his omission in each case.

Location of Non-Respiratory Tuberculosis in the patients of all ages who were notified :—

LOCATION.				Male.	Female.	Total.
Disease of Bones and Joints	...	...	...	3	1	4
Disease of Genito-Urinary System	...	...	...	1	1	2
Abdominal Disease	...	...	...	1	4	5
Disease of Glands	...	...	...	1	2	3
Disease of other parts	...	...	...	3	3	6
Totals	...	...	...	9	11	20

It will be recognised that many people in bad health visit Bournemouth hoping to recuperate. Some stay for a short time ; others become domiciled and are found too often to be suffering from Tuberculosis. Of those persons notified in 1935, 19, or 16.1 per cent. of the total, had been resident in Bournemouth for less than six months.

TUBERCULOSIS DISPENSARY.

During the year 1935 the Dispensary was open on 99 afternoons, the average number of attendances per session being 9.4. Three hundred and eighty-four patients attended, the average number of attendances per person being 2.41. In 1934 the number of patients and contacts was three hundred and eighty-seven.

The total number of attendances of patients and contacts was nine hundred and twenty-seven, as follows :—

Adults, male	...	...	390
Adults, female	...	...	459
Children, male	...	...	38
Children, female	...	...	40
			<hr/>
			927
			<hr/>

For 1934 the figure was 960.

The building used as a dispensary is small, and barely contains the minimum requirements. There is no X-ray plant so that patients have to be sent to Boscombe Hospital whenever a film is required.

It would obviously be a great advantage to the Tuberculosis Officer, and to those examined by him, if he were in a position to compare clinical findings and X-ray results at one and the same time.

When increased accommodation in the Health Department and the provision of a Sanatorium Hospital are being dealt with it will be advantageous to consider also the needs of the Dispensary.

SANATORIA AND OTHER INSTITUTIONS.

In last year's report it was stated that the Council has decided to provide a Sanatorium Hospital so that it will be possible ultimately to afford to patients in different stages of Pulmonary Tuberculosis the various forms of treatment that are regarded in an up-to-date scheme as indispensable.

Unfortunately, there is little progress to record. Various sites have been viewed but none selected.

In the County Borough it is difficult to find a suitable site of adequate size, and elsewhere numerous factors have to be taken into consideration. Consequently, as in previous years, patients have been sent to numerous institutions. It is to be regretted that there is not a solitary bed under the control of the Medical Officer of Health to which an individual suffering, or suspected to be suffering, from Tuberculosis can be admitted at short notice.

During the year the Public Assistance Committee requested that the male patients in the Tuberculosis Ward at Fairmile House should be removed so that the accommodation might be set free in order to solve the shortage of beds in the Institution. Female patients are, however, still admitted.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925, AND THE PUBLIC HEALTH ACT,
1925, SECTION 62.

No action has been necessary under the above.

PATIENTS WHO RECEIVED TREATMENT
DURING 1935.

ADULTS.	No. of Patients	No. of Patient Days
Beckford Lodge, Warminster ...	1	107
Brompton Hospital, London ...	1	88
Fairholm, St. Ives, Ringwood ...	1	344
Firs Home, Bournemouth ...	23	4856
King George's Sanatorium, Bramshott ...	1	66
Mount Sanatorium, Bishopstoke ...	1	26
Papworth Hall, Cambridge ...	2	544
Preston Hall, Aylesford ...	5	919
"Rizwan," Broadstone ...	24	4485
Royal National Hospital, Ventnor ...	5	843
Royal National Sanatorium, Bournemouth ...	80	7705
Royal Sea-Bathing Hospital, Margate ...	3	672
Royal Victoria & West Hants Hospital, Bournemouth... ..	8	350
"Thaxted," Parkstone ...	7	1249
CHILDREN.		
County Sanatorium, Havenstreet, Isle of Wight	1	365
Lord Mayor Treloar Cripples' Hospital, Alton	6	1397
Royal Sea-Bathing Hospital, Margate ...	2	348
Royal Victoria & West Hants Hospital, Bournemouth... ..	1	5
Tait Convalescent Home, Broadstairs ...	1	131
	<hr/> 173	<hr/> 24500

The number of patients for whom institutional accommodation was provided was 152 as compared with 168 in 1934. Thirteen of these were observation cases in whom a diagnosis of Tuberculosis was not confirmed, and four were ex-Service men in whom the disease was attributed to military service.

MIDWIFERY AND MATERNITY SERVICES.

Thirty-nine midwives notified their intention to practise. This number more than suffices for the needs of the area, but it happens that certain of the midwives are constantly occupied while others attend only a few cases in the year.

The standard of midwifery is high, and the midwives are accustomed to observe the rules of the Central Midwives Board. One midwife, however, has failed to do so on several occasions and was reported to the Board. While the latter was giving consideration to the case, the midwife announced her intention to cease to practise in Bournemouth. In consequence the charges against her were not pressed, the Council's action being approved by the Board.

Two hundred and eleven records were received concerning the medical help called in by midwives. They have been classified as follows:—

PREGNANCY.			CONDITION OF INFANT.		
Miscarriage	...	1	Premature Birth	...	4
Threatened Miscarriage	...	3	Condition of Baby	...	11
Haemorrhage	...	4	Discharge from Eyes	...	14
Albuminuria	...	6	Malformation	...	4
Varicose Veins	...	1	Stillbirth	...	7
Threatened Abortion	...	6			
					211
LABOUR.			OTHER NOTIFICATIONS RECEIVED FROM MIDWIVES.		
Breech Cases	...	2	Substitution of artificial for breast feeding	...	40
Abnormal Presentation	...	10	Still birth	...	10
Delay in Labour	...	37	Possible source of infection	...	2
Rupture of Perineum	...	39	Laid out dead body	...	2
Retention of Placenta	...	6	Death of child	...	8
Haemorrhage	...	9			
Other reasons (Mother)	...	29			
Uterine Inertia	...	4			
LYING-IN PERIOD (MOTHER).					
Rise of Temperature	...	5			62
Other reasons	...	9			

Births.

One thousand five hundred and thirty-one were registered, 257 of these being transferred by the Registrar-General to other districts. 33 which occurred elsewhere were considered to belong to Bournemouth, the net births being 1307, giving a birth-rate of 11.06.

The birth-rate in Bournemouth for the past ten years has been as follows (calculated on the Registrar-General's estimate of the population) :—

1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
12.3	11.6	11.4	10.5	9.74	11.11	11.2	11.14	10.67	11.05

MATERNAL MORTALITY.

In Bournemouth the deaths associated with childbirth used to be few, but of recent years for no obvious reason there has been a considerable increase. In 1935 there were investigated eight deaths associated with pregnancy or childbirth. Four of these are considered by the Registrar-General to belong to other areas. Consequently, there are four deaths of Bournemouth residents, and not one of these is attributed to sepsis.

The maternal mortality rate is therefore 2.93 per 1000 total births (*i.e.* live and still), the corresponding figure for England and Wales being 3.9.

The reduction of mortality is not easy to explain as the general circumstances in Bournemouth do not appear to have been altered.

The cause of death for each of the four patients is given herewith :—

- | | | | |
|-----|---------|---|--|
| (1) | Age 34. | 1 | (a) Haemorrhage. |
| | | | (b) Ruptured ectopic pregnancy. |
| | | 2 | Post-operative shock. |
| (2) | Age 27. | 1 | (a) Exhaustion. |
| | | | (b) Suppurative pyelo-nephritis. |
| | | | (c) Complicated by pregnancy. |
| (3) | Age 36. | 1 | (a) Acute obstruction. |
| | | | (b) Parametritis (laparotomy performed). |
| | | | (c) Torn cervix. |
| (4) | Age 34. | | Eclampsia. |

It is customary, as suggested by the Ministry, for maternal deaths to be investigated by one of the Medical Staff, the results being forwarded to the appropriate Medical Officer of Health when a non-resident is concerned. As regards Bournemouth deaths

the investigations have tended to show that there has been a sequence of unfortunate circumstances rather than a want of skill or co-operation. There does not appear to be any lack of facilities for normal or abnormal cases.

MATERNITY AND NURSING HOMES.

The following figures relate to 1935 :—

(1)	Number of applications for registration...	10
(2)	Number of Homes registered	10
(3)	Number of orders made refusing or cancelling registration	Nil
(4)	Number of appeals made against such orders	Nil
(5)	Number of cases in which such orders have been :—	
	(a) Confirmed on appeal, and ...	Nil
	(b) Disallowed	Nil
(6)	Number of applications for exemption from registration	5
(7)	Number of cases in which exemption has been :—	
	(a) Granted	5
	(b) Withdrawn	Nil
	(c) Refused	Nil

Total number of Homes registered ... 64

The institutions are in general well conducted, and no serious difficulties in connection with administration have been encountered.

ANTE-NATAL AND POST-NATAL CLINICS.

There is one session held each week at Avebury, which is centrally situated and reasonably accessible from all parts of the County Borough. It is hoped in the near future to provide a new Health Centre in the Kinson district, and to include accommodation for Ante- and Post-Natal clinics. At "Avebury" the attendances are increasing although there is difficulty in persuading women to come for an examination after confinement.

There were 51 sessions during the year, 400 patients recording 538 attendances at the combined clinics.

CONTRACEPTIVE CLINIC.

From time to time women are found who are likely to incur serious risk as a result of pregnancy or parturition. The problem has been very thoroughly considered by the Maternity Committee and by the Council, which in April decided :—

“ That the Medical Staff of the Health Department be informed that the furnishing of contraceptive advice in cases where they consider further pregnancies would be medically detrimental to health will have the Council's full concurrence.”

It was emphasised that such advice would be furnished only to women in cases where further pregnancy would seriously endanger health or life.

Dr. Grace Wood undertook to give the necessary instruction after she had visited Contraceptive Clinics in other areas. Special arrangements as to attendance are made with the patients of whom there have been five since the services became available in November.

The medical disabilities of these five women were :

- (1) Heart Disease
- (2) Chronic Nephritis
- (3) Cystic Goitre
- (4) Extreme Debility
- (5) Spastic Paresis.

INSTITUTION PROVISION FOR MOTHERS AND CHILDREN.

The Council does not provide maternity beds, but has an agreement with the Royal Victoria and West Hants Hospital which admits all cases recommended by the Medical Officer of Health.

In 1935 212 patients were admitted to hospital, 11 of these being Public Assistance cases as maternity beds are no longer available at Fairmile House. The Free Church Council Home and the Bournemouth Refuge afford valuable assistance to unmarried mothers but these are also included in the Council's Maternity Scheme. Ailing infants are likewise sent to Boscombe Hospital, 12 having been admitted during the year.

On occasion a need of accommodation is experienced for women and children who are debilitated or convalescent. It has been possible with the assistance of some funds bequeathed by the late James Druitt, Esq., to send five women to the Wordsworth Convalescent Home at Swanage. Facilities are not readily obtained for children, especially those convalescent from infectious disease. An institution in Bournemouth fulfilling this purpose would be very useful.

INFANTILE MORTALITY.

Fifty-two deaths of children under 1 year of age have occurred. This gives an infantile mortality rate of 39.7, the lowest ever recorded in Bournemouth. The causes of death of these 52 children are grouped in the table. In Bournemouth for several years there has been steady development of the Maternity and Child Welfare Scheme so that it is natural to assume that some at least of the improved results are attributable to the increased services. There are now 11 Infant Welfare Centres in the County Borough, all of them recording good attendances. Much of the help is given by a large number of voluntary workers, who co-operate readily with the official members of the staff. The latter are responsible for routine and special visits to the homes, where they find considerable scope. When considering infant deaths it would be reprehensible to omit mention of the work performed by medical practitioners, and by midwives. It is apparent that in private and hospital practice a high standard is attained.

The following table gives the rate of infantile mortality in Bournemouth for the last ten years.

1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
57.6	52.0	55.0	46.5	46.2	62.6	54.7	53.73	53.01	39.78

OPHTHALMIA NEONATORUM.

Cases.			Vision Unim- paired.	Vision Impaired	Total Blindness	Deaths.
Notified	Treated					
	At Home	In Hosp				
4	1	3	4	Nil	Nil	Nil

PROVISION OF MILK TO MOTHERS AND CHILDREN.

The expenditure was £1116 as compared with £859 and £687 in the years 1934 and 1933. 511 families were supplied, the average daily number being 206.

INFANT DEATHS.

Cause of Death.	Under 1 wk.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 mths	3-6 months	6-9 months.	9-12 months	Total Deaths under 1 year
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	1	—	—	1
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous										
Meningitis ...	—	—	—	—	—	—	—	—	—	—
Abdominal										
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous										
Diseases ...	—	—	—	—	—	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>) ...	—	—	—	—	—	—	—	—	—	—
Convulsions ...	2	—	—	—	2	—	—	—	—	2
Laryngitis ...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	—	—	—	—	—	—	—
Pneumonia (all forms)	2	—	—	—	2	3	1	—	1	7
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—
Enteritis ...	—	—	1	—	1	1	—	2	—	4
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at birth ...	2	—	—	—	2	—	—	—	—	2
Atelectasis ...	1	—	—	—	1	—	—	—	—	1
Congenital Malforma- tions ...	5	1	—	1	7	1	—	—	—	8
Premature Birth ...	13	2	1	—	16	—	—	—	—	16
Atrophy, Debility and Marasmus ...	—	—	—	—	—	4	1	—	1	6
Other Causes ...	2	—	—	—	2	—	—	—	3	5
TOTALS ...	27	3	2	1	33	9	3	2	5	52
Net Births } Legitimate 1220					Net Deaths }					
in the year } Illegitimate 87					in the year }					
						Legitimate 50				
						Illegitimate 2				

INFANT LIFE PROTECTION.

Number of Registered Foster-mothers at January 1st, 1935	...	...	105
Number of Registered Foster-mothers at December 31st, 1935	...	...	109
Number of Foster-children with the above at January 1st, 1935	...	...	170
Number of Foster-children with the above at December 31st, 1935	...	...	173
Number of Foster-children who have died during the year	...	...	Nil

The Health Visitors are in a position usually to obtain accurate knowledge of the circumstances of foster-parents, and the administration of the Acts appears to be effective.

The various notices are now rendered more promptly than formerly, but the amount of correspondence with the foster-parents and other Local Authorities is appreciable.

Most of the children under 5 are taken to the Welfare Centres where their progress can be readily estimated. It has been noticed that the children in the care of a certain foster-mother did not develop as they should. After long and careful observation it was decided that the woman in question should return the children who were living with her to their parents, and that her name should be removed from the Register of Foster-parents.

Otherwise no difficulties have been experienced.

INFANT CARE TABLE I.

Births registered (including 33 transferred to Bournemouth from other districts, and excluding 257 transferred away from Bournemouth)	...	...	...	1307
Births that actually occurred in Bournemouth				1497
Births notified (99.9 per cent. of births in Bournemouth)	...	...	...	1496
There were also notified 51 still births, of which 15 were notified by doctors, and 36 by midwives.				

INFANT CARE TABLE II.

Visits by the Council's Health Visitors :—

Mothers and Infants :

First visits ... 1171

Re-visits ... 5132

Re-visits to children over 1
year of age ... 8322

Expectant Mothers :

First visits ... 429

Re-visits ... 462

15516

INFANT CARE TABLE III.

Work of the Eleven Centres, Year 1935.

No. of Clinic Sessions held	Attendances			Number of Health Talks given.	Consulta- tions by Doctors	Attendances at Consultations		
	Mothers	Babies	Other Children			Mothers	Babies	Other Children
522	28008	16193	14964	253	471	2076	4667	3579

INFANT CARE TABLE IV.

Comparison of Total Attendances.

YEAR.	ATTENDANCES.			TOTAL.
	Mothers.	Babies.	Other Children.	
1917	3516	1757	2357	7630
1918	3942	1882	2855	8679
1919	4990	2352	3049	10391
1920	7680	4630	3841	16151
1921	9114	5607	4428	19149
1922	8818	4913	4807	18538
1923	9680	5020	6226	20926
1924	12210	5935	7924	26069
1925	12265	6061	7146	25472
1926	13717	6680	8335	28732
1927	14892	7650	8952	31494
1928	15962	8213	8955	33130
1929	17817	8897	10730	37444
1930	20525	10323	11727	42575
1931	22567	12326	12580	47473
1932	23926	13089	13251	50266
1933	22692	13295	12570	48557
1934	23888	14554	13691	52133
1935	28008	16193	14964	59165

TREATMENT AND PREVENTION OF VENEREAL DISEASES.

The following tables give statistics concerning the Municipal Clinic held at Boscombe Hospital, and the provision of bacteriological facilities for the diagnosis of Venereal Diseases in the County Borough of Bournemouth for the year ended 31st December, 1935.

The figures do not vary markedly from those of the previous year, but it will be noticed that the facilities provided are freely utilised.

Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be :—

	Males	Females	Total
Suffering from Syphilis ...	27	15	42
Suffering from Gonorrhoea...	84	61	145
Not suffering from Venereal Diseases ...	43	59	102
Soft sore ...	—	—	—
			<hr/> 289 <hr/>

Number of patients discharged from the Out-patient Clinic after completion of :—

Treatment for Syphilis ...	19	7	16
Treatment for Gonorrhoea	48	41	89
			<hr/> 105 <hr/>

Number of patients who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from :—

Syphilis ...	25	11	36
Gonorrhoea ...	38	38	76
			<hr/> 112 <hr/>

Total attendances (excluding irrigations) at the Out-patient Clinic for all persons who were :—

Suffering from Syphilis	...	1023	1062	2085
Suffering from Gonorrhoea	...	1131	609	1740
Not found to be suffering from				
Venereal Disease	...	115	145	260
Soft Sore	...	—		—
				<hr/> 4085 <hr/>

Aggregate number of “ In-patient days ” of treatment given to persons :—

Suffering from Syphilis	...	67	34	101
Suffering from Gonorrhoea	...	20	423	443
Not found to be suffering from				
Venereal Disease	...	16	61	77
				<hr/> 621 <hr/>

Number of persons treated with Salvarsan substitute	...	...	...	70
Number of doses of Salvarsan substitute used in the Treatment Centre			...	598

EXAMINATION OF PATHOLOGICAL MATERIAL.

Number of specimens which were examined :—

For persons attending at the Treatment Centre :—

For detection of Spirochetes	...	...	4
For detection of Gonococci	...	...	1480

From persons attended by private medical practitioners :—

For detection of Gonococci	4
----------------------------	-----	-----	---

Number of specimens which were sent for examination to an independent laboratory for Wasserman Reaction :—

From persons attending Treatment Centre			697
From persons attended by private practitioners	...	...	459

Salvarsan approved substitutes supplied to medical practitioners :—

Doses	132
-------	-----	-----	-----	-----

Report of the Public Analyst

For the Year ended 31st December, 1935.

TO THE MAYOR AND TOWN COUNCIL,
BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in submitting for your consideration my Report on the Samples of Food and Drugs sent to me for analysis during the year 1935.

The total number of samples was 542, of which 377 were official samples, taken under the provisions of the Acts, and 165 were unofficial samples bought informally by your Inspectors or their agents.

The number of adulterated Samples was 14, or 2.5 per cent.

The poor or doubtful Samples numbered 27, or 4.9 per cent.

TABLE I.

Summary of Report for 1935. Three hundred and seventy-seven official Samples :—

Nature of Sample.		Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage Adulterated
Milk	...	195	177	9	—	—	9	4.6
„ Separated	...	5	5	—	—	—	—	—
Dried Fruit	...	23	23	—	—	—	—	—
Butter	...	19	15	4	—	—	—	—
Malt Vinegar	...	16	16	—	—	—	—	—
Vinegar	...	3	3	—	—	—	—	—
Cream	...	16	16	—	—	—	—	—
Jam	...	16	16	—	—	—	—	—
Sponge Cakes	...	16	16	—	—	—	—	—
Beer	...	12	10	2	—	—	—	—
Lard	...	10	10	—	—	—	—	—
Sausage, Beef	...	9	9	—	—	—	—	—
„ Pork	...	7	7	—	—	—	—	—
Margarine	...	8	8	—	—	—	—	—
Bacon	...	5	5	—	—	—	—	—
Coffee	...	5	5	—	—	—	—	—
Meat, minced	...	5	5	—	—	—	—	—
Stout	...	3	3	—	—	—	—	—
Ale	...	1	1	—	—	—	—	—
Brandy	...	1	—	—	—	—	1	100
Jelly	...	1	1	—	—	—	—	—
Marmalade	...	1	1	—	—	—	—	—
Total		377	352	15	—	—	10	2.6

TABLE II.

Summary of Report for 1935, One hundred and sixty-five unofficial Samples :—

Nature of Sample	Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage Adulterated
Milk	47	39	5	—	—	3	6.3
Meat, Cooked and Pies ...	8	8	—	—	—	—	—
Meat Paste	6	6	—	—	—	—	—
Sweets	6	6	—	—	—	—	—
Mincemeat	6	6	—	—	—	—	—
Brandy	6	5	—	—	—	1	16.6
Whisky	6	6	—	—	—	—	—
Candied Peel	4	4	—	—	—	—	—
Peas, tinned	4	4	—	—	—	—	—
Cocoa	4	4	—	—	—	—	—
Friars Balsam	4	4	—	—	—	—	—
Shredded Suet	4	3	1	—	—	—	—
Cheese... ..	4	3	1	—	—	—	—
Tea	4	4	—	—	—	—	—
Ground Rice	4	4	—	—	—	—	—
Condensed Milk	4	4	—	—	—	—	—
Pickles	4	4	—	—	—	—	—
Lemon Curd	4	4	—	—	—	—	—
Glycerine	4	4	—	—	—	—	—
Gin	3	3	—	—	—	—	—
Rum	3	3	—	—	—	—	—
Custard Powder	3	2	1	—	—	—	—
Cooking Fat	3	3	—	—	—	—	—
Camphorated Oil	3	1	2	—	—	—	—
Baking Powder... ..	2	1	1	—	—	—	—
Salt, cooking	2	2	—	—	—	—	—
Cream of Tartar	2	2	—	—	—	—	—
Tartaric Acid	2	2	—	—	—	—	—
Chocolate Compound	2	—	—	—	2	—	100
Mustard Compound	2	2	—	—	—	—	—
Coffee Cream	1	—	1	—	—	—	—
Dripping	1	1	—	—	—	—	—
Prawns	1	1	—	—	—	—	—
Curry Powder	1	1	—	—	—	—	—
Castor Oil	1	1	—	—	—	—	—
Total Samples	165	147	12	—	2	—	2.4

TABLE III.

Adulterated official samples :—

<i>Nature of Sample</i>				<i>Nature of Adulteration.</i>
No. 39	Milk	...	...	34% added water
No. 141	"	...	...	2% fat deficient
No. 164	"	...	...	4% " "
No. 173	"	...	...	4% " "
No. 179	"	...	...	7% " "
No. 231	"	...	...	2% added water
No. 234	"	...	...	2% fat deficient
No. 277	"	...	...	3% added water
No. 278	"	...	...	2% " "
No. 387	Brandy	..	...	3% " "

TABLE IV.

Adulterated unofficial samples :—

<i>Nature of Sample</i>				<i>Nature of Adulteration.</i>
No. 1	Milk	...	...	44% added water
No. 6	Milk	...	...	40% " "
No. 126	Milk	...	...	2% " "
No. 150	Brandy	...	...	4.6% " "

MILK.

Excluding the nine adulterated samples the remaining official samples have yielded the following average proportions of fat and non-fatty solids :—

	No. of Samples	Fat	Non-fatty solids
1st quarter	54	3.54 per cent.	9.01 per cent.
2nd "	48	3.45 "	9.03 "
3rd "	39	3.84 "	8.93 "
4th "	36	3.94 "	9.03 "
Whole 12 months	177	3.79 " ...	9.00 "

The average proportions of both fat and non-fatty solids were slightly below that given for 1934.

REMARKS.

There is nothing in the result of the work for this period which calls for special attention.

There is a decrease in the percentage of adulterated samples which is very satisfactory. The number of

poor or doubtful samples is slightly higher than the previous year but considerably less than the average for the last five years.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. PENDRILL CHARLES,

Public Analyst.

Meteorology.

SUMMARY FOR THE YEAR 1935.

Rainfall	...	...	...	38.03 inches
Highest recorded Barometric Readings			30.71 inches,	January 21st
Lowest recorded Barometric Readings			28.71 inches,	December 26th
Total amount of sunshine	...	...	1734.80	hours
Number of sunless days	...	...	51	days
Mean Annual Temperature	...		51.3°	
Highest Maximum Temperature			87°	July 15th
Lowest Minimum Temperature			21°	December 21st
Mean Maximum Temperature	...		57.8°	
Mean of Maximum and Minimum	...		51.3°	
Difference from Average	...	...	-.07°	
Total number of days on which rain fell—				
			179	over 0.2 m.m.
			135	over 1 m.m.

RAINFALL, SUNSHINE, AND MEAN TEMPERATURES.

The first line gives the averages for 40 years, January, 1892, to December, 1931

BOURNEMOUTH RAINFALL.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years ...	3.06	2.57	2.85	2.00	1.70	1.27	2.26	2.70	2.30	3.91	3.45	4.08
1935 ...	0.86	3.21	0.93	3.35	1.27	3.39	0.56	2.88	3.70	5.75	7.61	4.52

The 40 years work out 32.19 ins.; 1935 works out 38.03 ins.

BOURNEMOUTH SUNSHINE (Hours and Tenths).

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years ...	63.8	85.3	126.0	160.5	236.5	237.0	229.8	204.8	192.6	138.3	90.1	66.2
1935 ...	88.2	70.0	133.7	165.3	188.9	211.6	274.4	213.7	152.0	99.4	67.7	69.9

The 40 years work out 1,810.4 hours; 1935 works out 1,734.8 hours.

BOURNEMOUTH MEAN TEMPERATURE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 years ...	41.2	41.4	45.0	47.8	52.1	58.0	61.7	61.5	58.0	52.0	43.7	43.0
1935 ...	41.6	43.8	44.6	48.3	52.4	59.3	65.8	63.2	59.2	51.2	45.5	40.2

GREENWICH MEAN TEMPERATURE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
50 years ...	38.6	39.5	41.9	47.3	56.1	59.4	62.7	61.7	57.2	50.0	43.5	39.9
1935 ...	40.3	43.4	44.4	47.9	51.9	61.9	66.9	64.9	58.9	50.7	45.2	38.7

It will be observed in the 40 years' averages, December is generally the wettest month. This year it was November with 7.61 ins. In July this year only 0.56 was recorded and in January 0.8 ins.



County Borough of Bournemouth.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer.

Year 1935.

To the Chairman and Members of the Education Committee.

I have the honour to report on the work of the School Medical Service during 1935. It is gratifying to be able to state that considerably more children have been examined than in previous years ; this applies to the routine and special groups. Likewise a greater number of defects has been treated.

The higher figures are mainly due to the fact that another Medical Officer is now available, Dr. Kenneth Grant having commenced duties in March. Many of the children specially examined have been presented on account of supposed mal-nutrition. It will be noted with interest that the statistics obtained failed to show that this defect is present to any extent, though there certainly are families in need of advice and practical assistance. This has been given through the agency of the schools, clinics and other organisations, additions to the diet being in the form of milk, halibut oil and malt, and dinners.

A new feature has been the introduction of a scheme for the immunisation of children against Diphtheria. The response of the parents has been encouraging and the work is proceeding steadily.

In general the health of the scholars has been maintained at a satisfactory level and there is no condition which calls for special attention.

There are, however, certain matters in connection with premises which need consideration, and there is scope for improvements and extensions in other directions. Details will be given in the body of the report.

In conclusion, I wish to thank the Chairman and members of the Education Committee and its Sub-Committees for the consideration and support given on all occasions.

I have the honour to be,

Your obedient Servant,

H. GORDON SMITH.

SCHOOL MEDICAL SERVICE STAFF
on 31st December, 1935.

School Medical Officer :

H. GORDON SMITH, M.D. (State Medicine), B.S., M.R.C.S.,
L.R.C.P., D.P.H.

Assistant School Medical Officers :

CHARLES F. PEDLEY, B.A., M.R.C.S., L.R.C.P., D.P.H.

GRACE H. WOOD, M.B., B.Ch., B.Sc., D.P.H.

KENNETH J. GRANT, M.A., M.B., Ch.B., D.P.H.

Ear, Nose and Throat Surgeon :

A. R. N. MACGILLYCUDDY, M.R.C.S., L.R.C.P.

Anaesthetist to the above :

E. W. D. HARDY, M.R.C.S., L.R.C.P.

Dental Surgeon :

E. SAMSON, L.D.S., R.C.S., F.C.S.

Radiologist :

D. D. MALPAS, M.R.C.S., L.R.C.P.

School Nurses :

M. I. J. ABRAHAM	A. M. CRISP
A. BEECH	S. DAKIN
A. M. BLAKEMORE	M. HARWIN
P. M. CAREY	F. D. McDONALD
M. G. CORNISH	F. E. A. RICHARDSON

Clerk :

J. W. DEAN.

With the exception of Miss Blakemore and Mr. Dean all of the above are part-time officers of the School Medical Service.

COUNTY BOROUGH OF BOURNEMOUTH.

Area of Borough (in acres)	...	...	11,627
Population (Estimate)	...	...	126,500
Number of Elementary Schools	...	...	24
Number of Departments	...	...	42
Average attendance at Elementary Schools			8,946
Average number on the School Registers			9,994

A list of the Elementary Schools is appended, together with the number of children on the registers for the four weeks ended December 21st, 1935.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

All the members of the Health Department are closely associated at the Town Hall where the several services are co-ordinated. Intimate relations are established with the voluntary hospitals and with various agencies concerned with Health.

HYGIENE OF THE SCHOOLS.

Some of the older schools are structurally unsatisfactory and are being replaced gradually by modern buildings. They are all inspected periodically and several improvements have been suggested and carried out.

A matter which has received the attention of the Committee is the provision of facilities for washing. It is questionable whether these will ever be adequate unless hot water is available. The means of drying are also important. A few towels supplied weekly in a department cannot be regarded as satisfactory even among exceptionally clean children.

Owing to the prevalence of Impetigo and other skin diseases the question of paper towels has been considered but there are several objections to such an innovation.

The following repairs and decorations have been carried out :—

East Howe Council.

Remodelling of sanitary conveniences and their connection to the sewer.

Talbot Village C. of E.

Remodelling of sanitary conveniences and their connection to the sewer.

Internal and external re-decorations.

Boscombe Council Girls' School.

Internal re-decorations.

Alma Road Council School.

Internal re-decorations of Infants' department.

Tar-spraying of playground.

Malmesbury Park Council School.

Internal re-decorations in mixed and infants' departments.

Pokesdown Council School.

Tar-spraying of boys' playground.

Fence between boys' playground and adjoining site.

Winton and Moordown Council School.

Internal re-decoration of boys' department.

Tar-spraying of playgrounds.

Stourfield Council School.

Repairs to playground.

St Michael's School.

Re-decoration of classroom.

St. Clement's Mixed School.

External re-decorations.

Southbourne St. Katharine's School.

Repairs to playground.

MEDICAL INSPECTION.

The same groups have been examined as in previous years, viz. :—

Entrants ;

Intermediates—those aged 8 ;

Leavers—12 years old or more.

It has been possible, however, to visit each Infants' department twice in the year, so that the number of children dealt with has increased.

As formerly other schools have also had two routine inspections.

It is of some interest to note that in each of the three groups, approximately the same proportion, i.e., 16 per cent. of children needing treatment has been found.

This statement however needs further explanation. The figures do not include cleanliness and dental diseases and infants are not submitted to routine vision tests, so that only those with marked eye defects are discovered. Consequently in the entrants there will be more defective children than in the other two groups.

The importance, therefore, of providing facilities for the treatment of children before they enter school will be obvious.

The defects found do not require detailed consideration.

ATTENDANCE OF PARENTS.

The number of parents present at routine medical inspections is indicated for each of the groups.

Group	No. of parents present	Percentage of parents
Entrants ...	1025	50
Intermediates ...	415	43
Leavers ...	286	27

**A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS
FOUND DURING EXAMINATION OF THE THREE ROUTINE GROUPS
(Excluding Uncleanliness and Dental Defects).**

Defects.	Entrants		Intermediates		Leavers	
	Needing Treat- ment.	Observa- tion.	Needing Treat- ment.	Observa- tion.	Needing Treat- ment.	Observa- tion.
Skin.						
Ringworm—Scalp	—	—	—	—	—	—
" Body	—	—	—	—	—	—
Scabies ...	1	—	2	—	—	—
Impetigo ...	5	—	5	—	4	—
Other diseases Non- Tubercular ...	39	—	10	—	5	2
Eye.						
Blepharitis...	14	—	3	—	8	—
Conjunctivitis ...	4	—	—	—	—	—
Keratitis ...	—	—	—	—	—	—
Corneal Opacities	2	—	—	—	—	—
Defective Vision ...	37	30	56	56	120	43
Squint ...	21	9	7	3	4	2
Other Conditions ...	8	8	2	2	—	3
Ear.						
Defective Hearing	3	5	3	4	1	2
Otitis Media ...	6	3	2	2	7	1
Other Ear Diseases	4	2	1	—	1	1
Nose and Throat.						
Enlarged Tonsils only ...	7	107	7	23	1	34
Adenoids only ...	1	6	—	—	—	2
Enlarged Tonsils and Adenoids ...	76	33	23	3	11	11
Other Conditions ...	5	4	3	4	4	3
Enlarged Cervical Glands Non- Tubercular ...	2	10	—	5	—	1
Defective Speech ...	1	17	1	4	—	2
Heart and Circulation.						
Heart Disease— Organic ...	—	14	—	6	2	11
Heart Disease— Functional ...	—	39	—	19	—	35
Anaemia ...	4	9	5	1	1	—
Lungs.						
Bronchitis ...	38	58	4	6	—	4
Other Non- Tubercular Diseases ...	4	7	1	6	—	1

Defects.	Entrants		Intermediates		Leavers	
	Treat- ment.	Need- ing Observa- tion.	Treat- ment.	Need- ing Observa- tion.	Treat- ment.	Need- ing Observa- tion.
Tuberculosis.						
Pulmonary—						
Definite ...	—	—	—	—	—	—
Pulmonary—						
Suspected ...	—	—	—	—	—	—
Non-Pulmonary—						
Glands ...	—	—	—	—	—	—
Spine ...	—	—	—	—	—	—
Hips ...	—	—	—	—	—	—
Other Bones and						
Joints ...	—	—	—	—	—	—
Skin ...	—	—	—	—	—	—
Other Forms ...	—	—	—	—	—	4
Nervous System.						
Epilepsy ...	—	1	—	—	1	4
Chorea ...	—	2	—	—	—	—
Other Conditions ...	2	10	—	3	—	—
Deformities.						
Rickets ...	—	—	—	—	—	—
Spinal Curvature ...	—	1	—	—	—	—
Other Forms ...	8	14	2	9	—	—
Other Defects and						
Diseases ...	56	33	30	22	11	15
Number of Defects	348	422	167	178	181	181
Number of Defective Children	321		160		173	
Number of Children Examined	2026		974		1063	

INFECTIOUS DISEASES.

The town has once more been fortunate for there has been no serious epidemic.

Several areas have experienced difficulties in consequence of diphtheria, which has been present in a highly infectious and serious form, but in Bournemouth there have been only a few cases of this type, most of the patients suffering from a disease of moderate severity. Scarlet fever has caused little trouble.

Mumps, measles and chicken pox have influenced appreciably the attendance at several of the schools.

The following table indicates the incidence of diseases which are notifiable and the mortality which relates also to conditions such as measles and whooping cough, which are not notifiable in Bournemouth.

NOTIFICATIONS OF, AND DEATHS DUE TO, INFECTIOUS DISEASES.

Disease	Total cases notified	Total deaths	Cases who were school children	Deaths of children who were of school age
Scarlet Fever	116	1	60	—
Diphtheria	65	4	28	3
Erysipelas	18	—	—	—
Encephalitis Lethargica ...	2	1	—	—
Poliomyelitis	2	—	1	—
Whooping-cough	—	1	—	—
Measles	—	—	—	—
Chicken-pox	300	—	216	—

IMMUNISATION AGAINST DIPHTHERIA.

A considerable amount of time and patience has been devoted by Dr. Pedley to the immunisation of children against diphtheria. The scheme was originated at a time when the incidence of diphtheria in many districts was attracting the attention of the public. The response to the offer of facilities has been good.

At the outset it appeared to be appropriate that attention should be concentrated on the younger children. Accordingly the Health Visitors and School Nurses were asked to hand leaflets at the Welfare Centres and School Clinics to parents requiring information. Leaflets were also supplied to the Head Teachers of Infants' Schools, their promise to co-operate having first been obtained. It was found that some parents wished to have all their children dealt with simultaneously. This wish has been acceded to, the children over 12 being submitted to a preliminary Schick Test to ascertain if immunisation was necessary. The children have all received three doses of "T.A.F." at fortnightly intervals, as it has been considered undesirable to give one injection only. After the three injections have been given it is proposed to estimate the results by a final Schick test.

Details relating to school children are given herewith. The figures apply to school children who have begun or completed the course before the end of the year.

IMMUNISATION OF SCHOOL CHILDREN AGAINST DIPHTHERIA.

Primary Schick Test.		Immunised.		Post Schick Test.	
Number Negative.	Number Positive.	Completely.	Partially.	Number Negative	Number Positive.
13	17	306	182	74	—

BOARD OF EDUCATION GRANT REGULATIONS.

School Certificates given for Epidemic Illness :—

Boscombe Council Infants'

Week ending April 12th, 1935, Mumps and Diphtheria
Boscombe Council Infants'

Week ending April 19th, 1935 (3 days),

Mumps and Diphtheria

Holdenhurst Council

Week ending July 19th, 1935,

Measles

Holdenhurst Council

Week ending July 26th, 1935,

Measles

Holdenhurst Council

Week ending July 31st (3 days),

Measles

PARENTS' PAYMENTS.

No charge is made to parents of children who attend the Minor Ailments Clinics, nor for a "refraction" undertaken for defective vision.

In respect of other forms of treatment a charge is made whenever the family circumstances permit.

Contributions received during the year were as follows :—

	£	s.	d.
(a) For Tonsils and Adenoids Operations	32	13	0
(b) For Dental Treatment	59	11	0
(c) In respect of defective children main- tained at various residential institutions	104	1	10

Tonsils and Adenoids operations are carried out at Boscombe Hospital, the fee paid by the Local Authority being usually £3 10s. 0d. per child.

ARRANGEMENTS FOR TREATMENT.

No extensions nor modifications have been made, but some are needed.

The Minor Ailment Clinics continue to be very popular as they are readily accessible to most of the schools and treatment is available at convenient hours. Indeed it is not always easy to decide what is a "Minor Ailment," for it is becoming customary to regard a clinic as a health centre where advice and treatment can be obtained for all manners of illness. This point of view can be appreciated for many parents are unable to pay the fees of a general practitioner and dislike the idea of consulting the "Parish doctor." At least three of the buildings used as clinics are taxed unduly and overcrowding occurs frequently so that it is difficult for the staff to render efficient service.

A solution would appear to be the erection of special buildings suitable for Maternity and Child Welfare Purposes as well as those of the School Medical Service. This proposal has been favourably received by the appropriate Committees. In the meantime a barrier still exists between children who attend school and those who do not. It is apparent that many of the latter suffer from minor ailments but are debarred from the facilities supplied to their older brothers and sisters.

The clinics provided for special defects are generally appreciated. The refraction clinic conducted by Dr. Grace Wood keeps pace with the number of children referred for examination. As regards the Tonsils and Adenoids which are removed at Boscombe Hospital, difficulties are experienced, for there is always an appreciable number of children waiting to be admitted, in spite of the fact that there is a tendency to revert to conservative methods of treatment.

The dental scheme is still not fully developed and cannot be regarded as satisfactory. The percentage of parents who have accepted treatment for their children has increased, but there are still many who demand extractions as they do not believe in fillings. Children who have teeth extracted invariably receive "Gas" at the hands of a medical officer. For these it is not always easy to make the necessary arrangements since many of them attend as emergency cases. The dental scheme has recently necessitated a special report to the Elementary Schools Committee, which has decided to provide an extra session each week until it has been determined what is the best means of educating parents and children and obtaining their support.

FOLLOWING UP.

There are nine members of the Staff holding the combined appointments of School Nurse and Health Visitor and there is also a School Nurse who is mainly occupied at the Central Clinic. All of these assist at routine medical and dental inspections and certain of them attend the various clinics.

Cleanliness inspections at the schools are carried out at regular intervals and dirty children followed-up to their homes.

Some families tending to be persistently verminous require frequent attention, but the standard of cleanliness is, on the whole, good. Visits to homes are required in connection with the various defects found at routine and special inspections and also in respect of infectious disease.

The nature and number of the visits recorded by the nurses is as follows :—

Nature of Visit				Number
Uncleanliness	...	...	...	209
Ear, Nose and Throat	...	...	...	643
Eye Cases	...	...	...	414
Dental	...	...	...	304
Control of Infection	...	...	...	418
Miscellaneous	...	...	...	515
Mentally Defective	...	...	...	7
Total				2510

THE PROVISION OF MEALS.

The arrangements made in previous years have been continued and amplified. Any child who is considered to be in need of extra nourishment is examined and reported on by one of the Medical Officers at a school or clinic.

If food is supplied the child's progress is recorded periodically.

The scheme originated by the National Milk Publicity Council has been freely adopted in all the schools and appears to be working smoothly.

In spite of unfavourable criticisms that have been advanced, it would seem that the arrangements made are to the advantage of the scholars.

Some children have received free dinners, but when there are isolated instances of underfeeding, difficulties in providing for these meals are usually encountered.

The nature and amount of food supplied has been as follows :—

Halibut Oil and Malt.

Clinic				Children	lbs.
Winton	...	...	...	23	25½
Malmesbury Park	...	...	...	27	34½
Pokesdown	...	...	...	61	126
Kinson	...	...	...	48	93
Charminster	...	...	...	92	180
Total				251	459

Milk.

Number of children 142.

Number of bottles ($\frac{1}{3}$ -pint) 20,818.

Dinners.

Number of children 46.

Number of meals 3821.

**TABLE SHOWING THE AMOUNT OF MILK CONSUMED
IN THE SCHOOLS.**

Name of School				No. of Children on Reg.	No. of bottles Milk suppl'd daily
Westbourne Council	...	...	M. & I.	107	60
St. Michael's	...	...	M. & I.	213	155
St. Paul's	...	...	M. & I.	237	86
Winton and Moordown Council			B.	430	180
"	"	"	G.	370	176
"	"	"	I.	393	261
Moordown C. of E.	...	...	G. & I.	333	165
St. Luke's	...	...	B.	180	60
"	...	...	I.	117	78
Charminster Council	...	...	S.M.	419	141
"	"	"	J.M.	363	186
St. Walburga's R.C.	...	...	M. & I.	267	150
Alma Road Council	...	...	B.	320	143
"	"	...	G.	320	136
"	"	...	I.	217	131
Malmesbury Park Council	...	...	M.	412	129
"	"	"	I.	175	95
St. Andrew's	...	...	G.	100	63
"	...	...	I.	110	85
St. Clement's	...	...	M.	264	81
"	...	...	I.	100	78
Pokesdown Council	...	...	M.	202	58
"	"	...	I.	117	80
Stourfield Council	...	...	S.M.	286	47
"	"	...	J.M.	380	159
"	"	...	I.	319	170
Boscombe St. John's	...	...	B.	120	48
"	"	...	G. & I.	190	107
Boscombe Council	...	...	B.	153	65
"	"	...	G.	154	76
"	"	...	I.	131	90
Boscombe Holy Cross	...	...	M. & I.	174	74
Pokesdown C. of E.	...	...	M.	206	63
"	"	...	I.	124	83
Southbourne St. Katharine's	...	...	M. & I.	92	42
Kinson Council	...	...	J. M. & I.	226	78
East Howe Council	...	...	M.	555	267
"	"	...	I.	163	76
Talbot Village C. of E.	...	...	M.	228	159
"	"	...	I.	137	115
Hill View Road Council	...	...	J. M. & I.	500	270
Holdenhurst Council	...	...	M. & I.	85	55
Totals for Borough				9989	4821

CAUSES OF EXCLUSION FROM SCHOOL.

Sore Throat	29
Impetigo, Sores, etc.	59
Scabies	8
Uncleanliness	33
Ringworm	2
External Eye Disease	3
Bronchitis, etc.	4
Whooping-cough	10
Mumps	12
Chicken-Pox	10
Jaundice	1
Ear-discharge	4
Post Tonsils and Adenoids Operation ...	24
Debility	20
Influenza	1
Cardiac Debility	2
Eczema	2
Miscellaneous	70

JUVENILE EMPLOYMENT.

Children who wished to undertake various occupations were examined in accordance with the Bye-laws, made under the Children and Young Persons Act, 1933.

Certificates were granted as follows :—

Newsboys	227
Newsgirls	9
Errand Boys	77
Delivery of Bread	9
Delivery of Meat	15
Van Boys	7
Miscellaneous	3

347

Two other children failed to pass the examination and certificates were refused.

Seven children were also granted certificates to enable them to take part in an entertainment.

PHYSICAL TRAINING.

There is no organiser of Physical Training, the children receiving instruction from the several teachers.

As regards swimming special arrangements have been made for the scholars of all the elementary schools to attend the Corporation baths where they are taught.

The following is an extract from the report made by the Baths Manager to the Elementary Schools Committee.

" 825 scholars were on the time table for attendance during school hours, and made a total number of attendances of 8,142, which represents an average of nine attendances per scholar. Last season 10,527 attendances were made.

Of this number of scholars (825) 644 (304 boys and 340 girls) have learned to swim this year. 129 children are able to swim across the bath, and 515 children are able to swim the length of the bath—a distance of 25 yards. The teachers have instructions from the Education Department to discontinue sending children when they are able to swim this distance.

These 515 children were tested and swam the length in the presence of members of the Baths Committee and myself on various dates during the season and were awarded the swimming certificate. The total number includes 248 boys and 267 girls. Last year there were 273 boys and 275 girls, making a total of 548 scholars who so qualified.

The scheme for the award of an advanced certificate was adopted by the Education Committee on my suggestion in November, 1934. The requirements for the award are as follows: Dive neatly, swim 75 yards by breast stroke, swim 25 yards by back stroke without the use of arms. I give below the number of scholars who have been successful in obtaining an award.

Boys	...	...	113
Girls	...	...	115

The advanced certificate is an excellent preliminary for the examinations of the Royal Life Saving Society.

The fine weather enjoyed during the year increased the number of voluntary attendances by the children,

paying for their admission out of school hours, and the practice and experience gained undoubtedly helped towards the excellent results."

OPEN-AIR EDUCATION.

An attempt has been made to establish an open-air school in Bournemouth, but at the time the proposal was made to the Board there did not appear to be a sufficient number of children requiring such accommodation. Nevertheless those who would benefit from open-air education are frequently discovered and there is little doubt that a small school at least could be justified.

Most of the teachers utilise their schools to advantage and hold classes in the playground when this is suitable.

SCHOOL CAMPS.

Boys and girls were sent in July and August to Swanage and Corfe Castle respectively. The girls went in two groups being accommodated in houses in the village.

The results as shewn below were satisfactory, having regard to the fact that each child was away for a fortnight.

GAINS IN WEIGHT AND HEIGHT (GIRLS).

First Party—

Weight.

Over 3 lbs.	...	...	...	3
Between 2 and 3 lbs.	...	...	...	4
Between 1 and 2 lbs.	...	...	...	7
Under 1 lb.	...	...	...	4

18

Height.

$\frac{7}{8}$ inch	...	...	...	...	1
$\frac{3}{4}$ inch	...	...	...	...	1
$\frac{5}{8}$ inch	...	...	...	...	2
$\frac{1}{2}$ inch	...	...	...	...	6
$\frac{3}{8}$ inch	...	...	...	...	2
$\frac{1}{4}$ inch	...	...	...	...	4
$\frac{1}{8}$ inch	...	...	...	...	1

17

Second Party—

Weight.

9 lbs.	...	...	...	...	1
Between 4 and 5 lbs.	...	...	...	...	1
Between 3 and 4 lbs.	...	...	...	...	1
3 lbs.	...	...	...	...	1
Between 2 and 3 lbs.	...	...	...	...	1
Between 1 and 2 lbs.	...	...	...	...	7
1 lb.	...	...	...	...	2
Under 1 lb.	...	...	...	...	3
					—
					17
					—

Height.

1 inch	...	...	...	...	1
$\frac{3}{4}$ inch	...	...	...	...	3
$\frac{5}{8}$ inch	...	...	...	...	1
$\frac{1}{2}$ inch	...	...	...	...	5
$\frac{1}{4}$ inch	...	...	...	...	4
$\frac{1}{8}$ inch	...	...	...	...	1
					—
					15
					—

GAINS IN WEIGHT, HEIGHT AND CHEST MEASUREMENT (BOYS).

Weight.

Over 4 lbs.	...	...	...	...	3
Between 3 and 4 lbs.	...	...	...	...	5
3 lbs.	...	...	...	...	4
Between 2 and 3 lbs.	...	...	...	...	7
2 lbs.	...	...	...	...	5
Between 1 and 2 lbs.	...	...	...	...	3
1 lb. and under	...	...	...	...	9
					—
					36
					—

Height.

1 inch	...	...	...	...	2
$\frac{1}{2}$ inch	...	...	...	...	12
$\frac{1}{4}$ inch	...	...	...	...	9
					—
					23
					—

Chest Measurement.

$\frac{3}{4}$ inch	...	...	...	...	3
$\frac{1}{2}$ inch	...	...	...	...	5
$\frac{1}{4}$ inch	...	...	...	...	18
					—
					26
					—

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Information concerning these is obtained from various sources, but especially from Health Visitors, School Nurses, Teachers and Attendance Officers. Recent additions to the Medical and Nursing Staff will enable children who are only slightly defective to receive more frequent and thorough attention. There appear to be comparatively few blind, deaf or epileptic children in the County Borough, but various deformities are detected at Routine and Special Examinations. An orthopaedic clinic is not provided by the Local Authority but the Orthopaedic Surgeon at Boscombe Hospital is invariably willing to give advice and treatment when cases are referred to him. It is probable that greater facilities are needed for scholars suffering from slight or early defects such as flat-foot or commencing spinal curvature. The Victoria Home for Crippled Children which is situated in Bournemouth proves to be very useful for many who require a residential school.

There has been an increase in the number of children recommended for admission to residential open-air schools and there is no doubt that a day school of this type in Bournemouth could be readily utilised.

In pursuance of the recommendations of the Board a class for "mentally retarded" children has been established at Charminster Council School. This serves a very useful purpose but the arrangements are not ideal. So far, only one room and one teacher are available; although the number of defectives concerned is relatively small, it is difficult to group them for instructional purposes.

HEALTH EDUCATION.

Whenever possible instruction is given to parents and children collectively and individually. As regards the care of teeth results are not encouraging; although parents are invited to attend dental inspections, so that the dentist may talk to them in a group, the response is usually poor. In the previous year the Dental Board of the United Kingdom sent lecturers and exhibits for the benefit of the older children, but a recent offer is to be reconsidered.

The nurses by means of visits to homes of dirty children usually produce good results. Latterly they have been very helpful in visiting parents who have been considering the merits of immunisation against diphtheria.

Formerly the journal "Better Health" was circulated from the schools and clinics, but the practice has been discontinued, chiefly owing to difficulties in connection with distribution.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1935.

TABLE I.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ...	...	...	...	2026
Second Age Group ...	...	...	...	974
Third Age Group ...	...	...	...	1063
Total ...				<u>4063</u>

Number of other Routine Inspections.	..	..	...	<u>Nil</u>
Grand Total ...				<u>4063</u>

B—OTHER INSPECTIONS.

Number of Special Inspectious	...	...	...	3290
Number of Re-inspections	...	...	...	1306
Total ...				<u>4596</u>

C—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups :—

Entrants ...	...	...	...	332
Second Age Group ...	...	...	...	163
Third Age Group ...	...	...	...	182
Total (Prescribed Groups)	...	...	...	<u>677</u>
Other Routine Inspections	...	...	...	<u>Nil</u>
Grand Total				<u>677</u>

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1935.**

DEFECT OR DISEASE.				Routine Inspections.		Special Inspections.		
				No. of Defects		No. of Defects		
				Requiring treatment	Requiring to be kept under observation but <i>not</i> requiring treatment	Requiring treatment	Requiring to be kept under observation but <i>not</i> requiring treatment	
Skin	{ Ringworm :							
	{ Scalp			—	—	3	—	
	{ Body			—	—	9	—	
	{ Scabies			3	—	24	—	
	{ Impetigo			14	—	226	2	
Eye	{ Other Diseases (Non-Tuberculous) ...			54	2	301	1	
	{ Blepharitis			25	—	38	1	
	{ Conjunctivitis			4	—	21	1	
	{ Keratitis			—	—	—	—	
	{ Corneal Opacities ...			2	—	1	—	
	{ Other conditions (excluding Defective Vision and Squint)			10	13	63	4	
	{ Defective Vision (excluding Squint)			213	129	160	9	
	{ Squint			32	14	26	1	
	Ear	{ Defective Hearing			7	11	13	2
		{ Otitis Media			15	6	59	—
{ Other Ear Diseases			6	3	45	9		
Nose and Throat	{ Chronic Tonsillitis only			15	164	44	90	
	{ Adenoids only			1	8	2	9	
	{ Chronic Tonsillitis and Adenoids ...			110	47	226	30	
	{ Other conditions ...			12	11	58	55	
Enlarged Cervical Glands (Non-Tuberculous)				2	16	16	19	
Defective Speech				2	23	2	7	

TABLE II.—*continued.*

Heart and Circulation	Heart Disease :				
	Organic	2	31	1	25
	Functional	—	93	—	17
	Anaemia	10	10	9	4
Lungs	Brouchitis	42	68	30	9
	Other Non-Tubercu- lous Diseases	5	14	30	32
	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	—
Tubercu- losis	Non-Pulmonary :				
	Glands	—	—	—	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other forms	—	4	—	—
Nervous System	Epilepsy	1	5	1	4
	Chorea	—	2	—	2
	Other conditions	2	13	2	20
Defor- mities	Rickets	—	—	—	1
	Spinal Curvature	—	1	1	—
	Other forms	10	23	15	10
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		97	70	663	106
Total		696	781	2089	470

B.—Classification of the Nutrition of Children Inspected during the
Year in the Routine Age Groups.

Age-groups	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub- normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	2026	196	9.6	1627	80.3	192	9.6	11	.5
Second Age-group	974	104	10.7	771	79.1	96	9.9	3	.3
Third Age-group	1063	228	21	709	67	117	11	9	1
Other Routine Inspections	Nil	—	—	—	—	—	—	—	—
Total	4063	528	13.8	3107	75.5	405	10.1	23	.6

TABLE III.**RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.**

(No child is entered under more than one heading in this Table.)

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution,	Total
1	—	—	—	1

PARTIALLY SIGHTED CHILDREN.

Entered in this section are only children, who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children, without fatigue or injury to their vision are not included in this table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	1	—	1	2	4

TABLE III.—*continued.*

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	1	5

PARTIALLY DEAF CHILDREN.

Entered in this section are children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	Nil.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	19	—	4	28

TABLE III.—continued.
EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
—	1	—	1	2

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.
(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
—	—	—	—	Nil.

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS
(This category includes tuberculosis of all sites other than those shown in (I.) above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
1	—	—	—	1

TABLE III.—*continued.***B.—DELICATE CHILDREN.**

This section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. Children are not regarded as suitable for admission to an Open Air School unless the Medical Officer is prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	13	—	—	21

C.—CRIPPLED CHILDREN.

This section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution,	Total
9	10	—	—	19

D.—CHILDREN WITH HEART DISEASE.

This Section is confined to children in whose case the Medical Officer is prepared to certify that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	1	—	2	3

TABLE III.—continued**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).
 Deafness (excluding partially deaf children).
 Mental Defect (Feeble-minded).
 Severe Epilepsy.
 Active Tuberculosis.
 Crippling (as defined in Section C above).
 Heart Disease.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
Epileptic and Feeble-minded ...	—	1	—	1	2
Blind and Epileptic	—	—	—	1	1

TABLE IV.**RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DEC., 1935.****TREATMENT TABLES.**

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.)

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm—Scalp—			
(i.) X-Ray Treatment ...	—	—	—
(ii.) Other ...	3	—	3
Ringworm—Body ...	9	1	10
Scabies ...	21	—	21
Impetigo ...	276	—	276
Other Skin Diseases ...	620	—	620
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II.) ...	145	—	145
MINOR EAR DEFECTS ...	104	—	104
MISCELLANEOUS			
(e.g., Minor injuries, bruises, sores, chilblains etc.) ...	754	—	754
Total ...	1932	1	1933

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.)

DEFECT OR DISEASE	No of Defects dealt with			No. of children for whom spectacles were			
	Under the Authority's Scheme	Other-wise	Total	Prescribed		Obtained	
				Under the Authority's Scheme	Other-wise	Under the Authority's Scheme	Other-wise
Errors of Refraction (including squint)...	392	15	407	308	12	83	230
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	—	1	1				
Total ...	392	16	408				

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.					
Received operative Treatment.				Received other forms of Treatment.	Total number treated.
	Under the Authority's Scheme in Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total ...		
Tonsils only ...	—	—	—	—	} 176
Adenoids only ...	—	—	—		
Tonsils and adenoids ...	174	2	176		
Other defects of nose and throat ...	—	—	—		

TABLE IV.—*continued.*

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.				Otherwise.		Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic.	
Number of children treated ...	9	—	—	—	1	12	22

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children who were :—

(i) Inspected by the Dentist :—

		Aged :		
Routine Age Groups.	{	5.....	425	} Total 7004
		6.....	673	
		7.....	789	
		8.....	784	
		9.....	824	
		10.....	785	
		11.....	782	
		12.....	753	
		13.....	755	
		14.....	434	
Specials	{	778
Grand Total				7782

(ii) Found to require treatment	...	...	...	5584
(iii) Actually treated	...	...	...	1650

(2) Half-Days devoted to Inspection	...	36	} Total ...	249
" " " " Treatment	...	213		

(3) Attendances made by children for treatment	3575
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(4) Fillings	Permanent Teeth	...	1555	} Total ...	1977
	Temporary Teeth	...	422		

(5) Extractions	Permanent Teeth	...	978	} Total ...	3768
	Temporary Teeth	...	2790		

(6) Administrations of general anaesthetics for extractions	1487
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(7) Other operations	1
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TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	5
(ii) Total number of examinations of Children in the Schools by School Nurses	...	...	27315
(iii) Number of individual Children found unclean	...	...	465
(iv) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	Nil.
(v) Number of cases in which legal proceedings were taken :—			
(a) Under the Education Act, 1921	...	...	Nil.
(b) Under School Attendance Byelaws	...	...	Nil.

SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

NUMBER OF INSPECTIONS.

Boys ...	...	...	...	552
Girls ...	...	...	...	406
Total ...				958

TABLE II.

A. Return of Defects found by Medical Inspection in the year
ended 31st December, 1935.

DEFECT OR DISEASE.				Routine Inspections.	
				No. of Defects.	
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	Ringworm :				
	Scalp ...	...	...	—	—
	Body ...	...	...	—	—
	Scabies ...	...	...	—	—
	Impetigo ...	...	...	—	—
Eye	Other Diseases (Non-Tuberculous)	...	...	3	1
	Blepharitis	...	...	6	—
	Conjunctivitis	...	...	—	—
	Keratitis	...	...	—	—
	Corneal Opacities	...	...	—	—
Ear	Defective Vision (excluding Squint)	...	...	44	16
	Squint	...	...	—	—
	Other conditions	...	...	2	4
Nose and Throat	Defective Hearing	...	...	—	2
	Otitis Media	...	...	—	—
	Other Ear Diseases	...	...	—	—
	Chronic Tonsillitis only	...	...	—	4
	Adenoids only	...	...	—	—
	Chronic Tonsillitis & Adenoids	...	...	—	2
	Other conditions	...	...	5	1

TABLE II—Continued.

Enlarged Cervical Glands (Non-Tuberculous)				—	—
Defective Speech				—	4
Heart and Circulation	Heart Disease :				
	Organic ... ..	...	...	1	2
	Functional ... ..	...	...	—	18
Anaemia				2	—
Lungs	{ Bronchitis			—	...
	{ Other Non-Tuberculous Diseases			2	5
Tuber- culosis	Pulmonary :				
	{ Definite			—	—
	{ Suspected			—	—
	Non-Pulmonary :				
	{ Glands			—	—
	{ Bones and Joints			—	—
	{ Skin			—	—
{ Other forms				—	—
Nervous System	{ Epilepsy			—	—
	{ Chorea			—	—
	{ Other conditions			—	3
Deformities	{ Rickets			—	1
	{ Spinal Curvature			2	9
	{ Other forms			2	5
Other Defects and Diseases (excluding Un- cleanliness and Dental Diseases) ...				6	11
Total				75	88

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding uncleanness and dental diseases).

	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups.	958	72	7.52

